State Well Report
Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: TATE
Permit #:
Driller: BOB SMITH
Date drilling completed: 10-16-06

For Office Use Only:
Aquifer:
Well #: C-248
L. S. Elevation:
E-log #:

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information

Owner Name: HARVEY LAMB
Mailing Address: 388 SYCAMORE RD
City: COLDWATER State: MS Zip Code: 38618
Telephone No. (662) 233-2951

Well Location

Latitude: ___° ___' ___" Longitude: ___° ___' ___"
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
___ ¼ ___ ¼ Sec. 026 Twn T4S Rng R6W
Distance: ½ Miles Direction: E of Nearest Town: TATE-OLIVE

Well Data

Purpose of Well (circle one): (Home) Industrial Public Supply Irrigation Fish Culture Other:
Date well drilling started: 10-16-06 Date well drilling completed: 10-16-06
If flowing, method of flow regulation: Valve ___ Other (describe) ___
Static Water Level: 80 feet above or (below) (circle one) land surface Date measured: 10-16-06
Method of Measurement (circle one) steel tape (electric tape) air line other:
Hole depth: 170 Well depth: 170 Well grouted to a depth of 10 feet
Type of grout (circle one): (Cement) Bentonite Mix
Casing length: 150 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: 14 Thous. inches Setting depth: From 150 feet to 170 feet
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe): WASHED SAND
Top of lap pipe or reduction in casing: ___ feet. If telescoped or more than one screen, describe on back of page
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:
Name of organization running log(s):

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

BOB SMITH 0645
Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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C-248

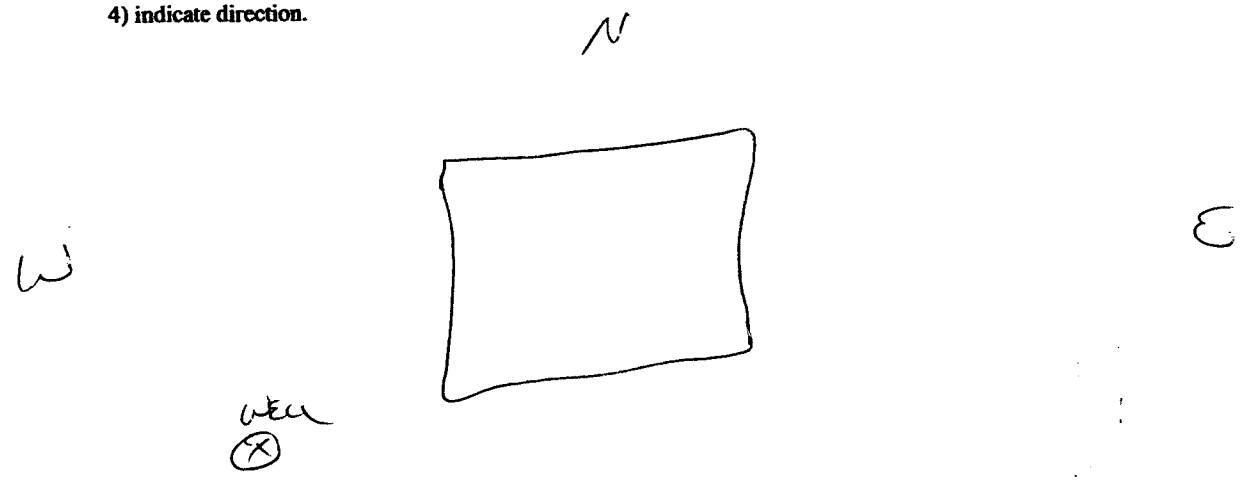
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
TOP SOIL	0	5
BROWN CLAY	5	16
RED SAND & GRAVEL	16	28
WHITE CLAY	28	107
WHITE SAND	107	170

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: HARVEY LAMB

Signature of Water Well Contractor

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STATE WELL REPORT
Part 2

County: TATE

Permit #:

Driller: BOB SMITH

Date completed: 10-16-06

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer:

Well #: C-248

Elevation:

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information

Owner Name: HARVEY LAMB

Mailing Address: 388 SYCAMORE RD

Crowder MS 38618
City State Zip Code

Telephone No. (662) 233-2951

Well Location

Latitude: Longitude:

Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS

___ ¼ ___ ¼ Sec D-26 Twn T4S Rng R6W

Distance Direction Nearest Town

1/2 Miles E of INDEPENDENCE

Pump Type
Circle one

Air Lift, Jet, (Submersible), Bucket, Piston, Turbine, Centrifugal, Rotary, Flowing Well

Other (specify):

Date Pump Installed: 10-16-06

Rated Pump Capacity: 20 Gallons Per Minute

Power Type
Circle one

Diesel Engine, Gasoline Engine, Natural Gas, (Electric Motor), Hand, Tractor PTO, Windmill, Other (specify):

Horse Power Rating of Motor: 1/2

Setting Depth: 100 feet

Number of Stages: 14

Pump Test Data

Date Well Tested: 10-16-06

Static Water Level (A): 80 Feet Below Land Surface

Pumping Water Level (B): 86 Feet Below Land Surface

Drawdown [(B) – (A)]: 6 Feet Below Land Surface

Test Pumping Rate: 27 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): ___ hours

Method of Measuring Water Level
Circle one

Air Line, (Electric Measuring Line), Steel Tape

Other (specify):

For flowing well, measured shut in head: ___ feet

Well yielded 27 GPM with a drawdown of 6 feet after ___ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

BOB SMITH 0645
Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

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BY: OLWR