

# 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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: C-262  
L. S. Elevation: \_\_\_\_\_  
B-log #: \_\_\_\_\_

County: TATE  
Permit #: \_\_\_\_\_  
Driller: Bob Smith  
Date drilling completed: 7-21-07

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                                |   | Well Location  |  |
|---|---|--|--|
| Owner Name: <u>Bob Woods</u>                          | Latitude: _____ Longitude: _____                                    | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |  |
| Mailing Address: <u>Lot 7</u><br><u>WARFIELD EST.</u> | _____ 1/4 _____ 1/4 Sec. <u>D-23</u> Twn <u>T-4S</u> Rng <u>R6W</u> | Distance _____ Direction _____ Nearest Town _____  |  |
| <u>Colona, MS 38618</u><br>City State Zip Code        | _____ Miles _____ of <u>WARFIELD</u>                                |  |  |
| Telephone No. <u>662 252-2333</u>                     |   |  |  |

**Well Data**

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 7-21-07 Date well drilling completed: 7-21-07

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 65 foot above of below (circle one) land surface Date measured: 7-21-07

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Hole depth: 165 Well depth: 165 Well grouted to a depth of 10 feet

Type of grout (circle one): Common Bentonite Mix

Casing length: 155 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 1/32nds inches Setting depth: From 155 feet to 165 feet

Type of completion (circle all applicable): Gravel packed Underscreened 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.

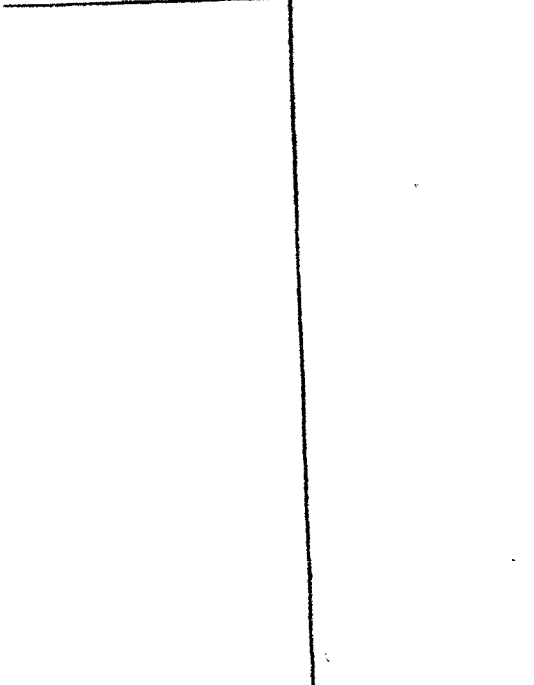
Bob Smith 0645 \_\_\_\_\_  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED  
AUG 03 2007  
POLY-OLIVER

C-262

If well telescopes please sketch below and show depths.

Ground Level



| Description of Formations Encountered | From | To  |
|---------------------------------------|------|-----|
| TOP SOIL                              | 0    | 5   |
| Brown CLAY                            | 5    | 18  |
| RED SAND + GRAVEL                     | 18   | 30  |
| WHITE CLAY                            | 30   | 70  |
| GREY CLAY                             | 70   | 85  |
| WHITE SAND + CLAY                     | 85   | 130 |
| WHITE SAND                            | 130  | 165 |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |
|                                       |      |     |

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: BOB WOODS

RECEIVED  
 AUG 09 2007  
 BY: OLWR

*[Handwritten Signature]*  
 Signature of Water Well Contractor

# STATE WELL REPORT

## Part 2

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-262

Elevation: \_\_\_\_\_

County: TATE  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date completed: 7-21-07

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   | Well Location  |
|--|--|
| Owner Name: <u>BOB WOODS</u>   | Latitude: _____ Longitude: _____   |
| Mailing Address: <u>LOT 7</u><br><u>WARFIELD EST.</u><br><u>COLOQUATE ALA 38618</u><br>City State Zip Code | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS<br>_____ 1/4 _____ 1/4 Sec <u>D-23</u> Twn <u>T4S</u> Rng <u>R6W</u> |
| Telephone No. <u>(662) 252-2333</u>  | Distance Direction Nearest Town<br><u>2</u> Miles <u>S</u> of <u>WARFIELD</u>  |

| Pump Type<br>Circle one                               | Power Type<br>Circle one                  |
|---|---|
| Air Lift Jet <input type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine <input type="radio"/>           | <u>Electric Motor</u> Hand Tractor PTO    |
| Centrifugal Rotary Flowing Well                       | Windmill Other (specify): _____           |
| Other (specify): _____                                | Horse Power Rating of Motor: <u>3/4</u>   |
| Date Pump Installed: <u>7-21-07</u>                   | Setting Depth: <u>80</u> feet             |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute     | Number of Stages: <u>11</u>               |

RECEIVED  
AUG 09 2007  
BY: OLWR

| Pump Test Data   | Method of Measuring Water Level<br>Circle one                            |
|--|--|
| Date Well Tested: <u>7-21-07</u>                           | Air Line <input type="radio"/> <u>Electric Measuring Line</u> Steel Tape |
| Static Water Level (A): <u>65</u> Feet Below Land Surface  | Other (specify): _____   |
| Pumping Water Level (B): <u>68</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet                      |
| Drawdown [(B) - (A)]: <u>3</u> Feet Below Land Surface     | Well yielded <u>15</u> GPM with a drawdown of                            |
| Test Pumping Rate: <u>15</u> Gallons Per Minute            | <u>3</u> feet after _____ hours of pumping                               |
| Duration of Pump Test (minimum 4 hours): _____ hours       |  |

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]  
Signature of Pump Installer