

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-277
 L. S. Elevation: _____
 E-log #: _____

County: TATE
 Permit #: _____
 Driller: BOB SMITH
 Date drilling completed: 2-4-08

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>INDEPENDENCE METEOROLOGICAL</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 152</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey
<u>INDEPENDENCE, MS 38638</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec D26 Twn T4S Rng R6W</u>
Telephone No. <u>(662) 233-2407</u>	Distance Direction Nearest Town
	<u>1/10 Miles E of INDEPENDENCE</u>

Well Data

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

Date well drilling started: 2-4-08 Date well drilling completed: 2-4-08

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 2-4-08

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

Hole depth: 155 Well depth: 155 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 145 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 1/32 INCHES Setting depth: From 145 feet to 155 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 logs: _____

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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 0-645 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

C-277

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered

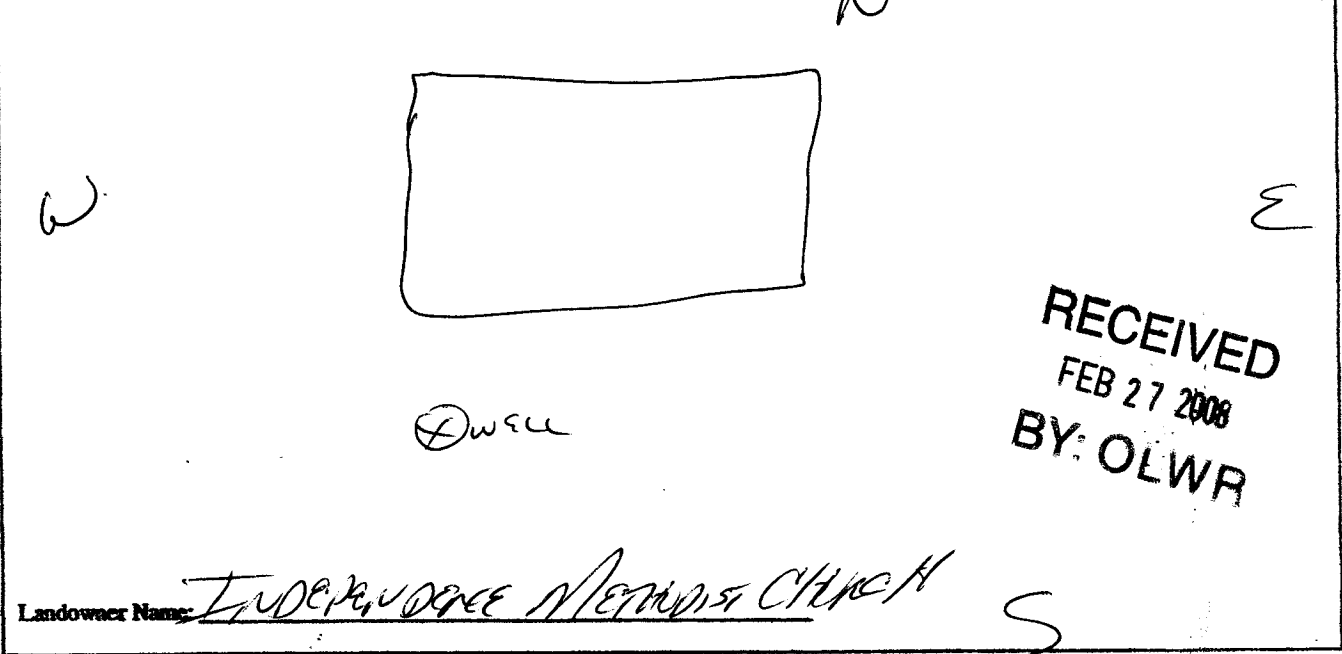
From To

Empty rectangular box for sketching well telescopes.

Description of Formations Encountered	From	To
TOP SOIL	0	5
RED CLAY	5	19
GRAVEL	19	26
WHITE CLAY	26	79
WHITE SAND & CLAY	79	130
WHITE SAND	130	155

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.



Handwritten signature of the water well contractor.

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)

County: TATE
 Permit #: _____
 Driller: BOB SMITH
 Date completed: 2-4-08

For Office Use Only:

Aquifer: _____
 Well #: C-277
 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	Well Location
Owner Name: <u>INDEPENDENCE MEMORIAL CHURCH</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 152</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>INDEPENDENCE, MS 38638</u>	<u>1/4</u> <u>1/4</u> Sec. <u>0.26</u> Twn <u>T4S</u> Rng <u>R6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 233-2407</u>	<u>1/10</u> Miles <u>E</u> of <u>INDEPENDENCE</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> <input checked="" type="radio"/> 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>2-4-08</u>	Setting Depth: <u>80</u>
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-4-08</u>	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>160</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>162</u> Feet Below Land Surface	For flowing well, measured static in head: _____ feet
Drawdown [(B) - (A)]: <u>2</u> Feet Below Land Surface	Well yielded <u>14</u> GPM with a drawdown of
Test Pumping Rate: <u>14</u> Gallons Per Minute	<u>2</u> feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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BY OLWR

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

Bob Smith 0-645 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer