

Late

County: 32-08
 Permit #: _____
 Driller: BOB SMITH
 Date drilling completed: 3-2-08

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-279
 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	Well Location
Owner Name: <u>BOB WOODS</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>LA 61</u>	Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey
<u>WAREFIELD FARMS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Osprey, MS 3868</u>	<u>1/4</u> <u>1/4</u> Sec. <u>023</u> Twn <u>T4S</u> Rng <u>R6W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>(662) 252-2333</u>	<u>2</u> Miles <u>SW</u> of <u>WAREFIELD</u>

Well Data

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

Date well drilling started: 3-2-08 Date well drilling completed: 3-2-08

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 3-2-08

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: 160 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 13THOUS. inches Setting depth: From 160 feet to 170 feet

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

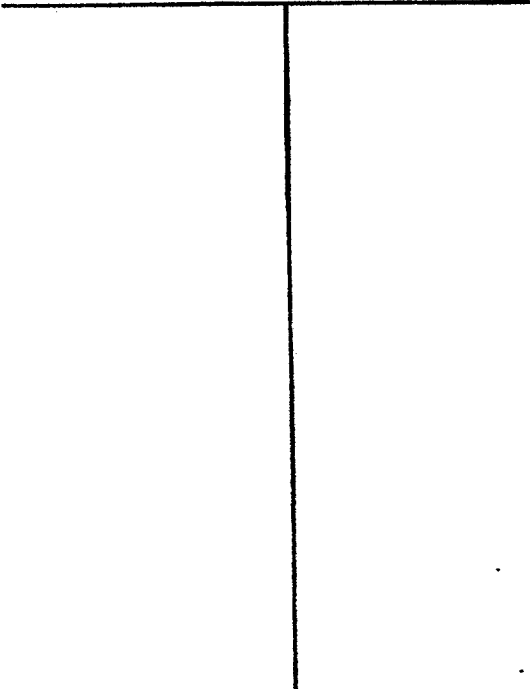
Bob Smith 0645 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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C-279

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	5
BROWN CLAY	5	19
RED CLAY	19	37
GRAVEL	37	49
WHITE CLAY	49	85
WHITE SAND & CLAY	85	135
WHITE SAND	135	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: Bob Woods S

Signature of Water Well Contractor

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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-279

Elevation: _____

County: TRE

Permit #: _____

Driller: BOB SMITH

Date completed: 3-2-08

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: BOB WOODS

Mailing Address: Lot 61

WARFIELD FARMS

COLLIER, MS 38618

City State Zip Code

Telephone No. (662) 252-2333

Well Location

Latitude: _____ Longitude: _____

Method of Lat/Long (circle one): Conventional Survey

USGS quad, Hand-held GPS, Survey-grade GPS

1/4 1/4 Sec D23 Twn T45 Rng R6W

Distance Direction Nearest Town

2 Miles S/W of WARFIELD

Pump Type Circle one

Air Lift

Jet

Submersible

Bucket

Piston

Turbine

Centrifugal

Rotary

Flowing Well

Other (specify): _____

Date Pump Installed: 3-2-08

Rated Pump Capacity: 12 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: 3/4

Setting Depth: 80 feet

Number of Stages: 11

Pump Test Data

Date Well Tested: 3-2-08

Static Water Level (A): 60 Feet Below Land Surface

Pumping Water Level (B): 64 Feet Below Land Surface

Drawdown [(B) - (A)]: 4 Feet Below Land Surface

Test Pumping Rate: 14 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 14 GPM with a drawdown of

4 feet after _____ hours of pumping

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

Print Name of Pump Installer and License No. (if applicable)
BOB SMITH 0-645

Signature of Pump Installer
[Signature]

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MAR 31 2008

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