

State Well Report

Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10691
Jackson, MS 39289-0691
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: C-280
L. S. Elevation: _____
E-log #: _____

County: Tipton
Permit #: _____
Driller: Bob Smith
Date drilling completed: 3-28-08

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>Freedom Homes</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>P.O. Box 9790</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey		
<u>Mayville, TN 37802</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
City State Zip Code	<u>14</u>	<u>4</u> Sec. <u>D4</u>	Twp. <u>T4S</u> Rng. <u>R6W</u>
Telephone No. <u>629 526-9200</u>	Distance <u>3</u> Miles	Direction <u>N/W</u> of	Nearest Town <u>Waverly</u>
Well Data			
Purpose of Well (circle one): <input checked="" type="radio"/> Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture <input type="radio"/> Other: _____			
Date well drilling started: <u>3-28-08</u>	Date well drilling completed: <u>3-28-08</u>		
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>95</u> feet above or <input checked="" type="radio"/> below (circle one) land surface	Date measured: <u>3-28-08</u>		
Method of Measurement (circle one) steel tape <input checked="" type="radio"/> electric tape <input type="radio"/> air line other: _____			
Hole depth: <u>170</u> Well depth: <u>170</u> Well grouted to a depth of <u>10</u> feet			
Type of grout (circle one): <input checked="" type="radio"/> Cement <input type="radio"/> Bentonite <input type="radio"/> Mix			
Casing length: <u>150</u> feet Casing diameter: <u>4</u> inches	Type of casing: <u>PVC</u>		
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches	Type of screen: <u>PVC</u>		
Screen slot size: <u>1/32</u> inches	Setting depth: From <u>150</u> feet to <u>170</u> feet		
Type of completion (circle all applicable): <input type="radio"/> Gravel packed <input type="radio"/> Unscreened <input type="radio"/> Telescoped <input type="radio"/> Open hole <input type="radio"/> Natural Development	Other (describe): <u>WASHED SAND</u>		
Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe contact of pipe			
Logs run (circle all applicable): <input type="radio"/> No log run <input type="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> 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.			
<u>Bob Smith</u> <u>0645</u>	<u>[Signature]</u>		
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor		

RECEIVED

APR 23 2008

BY: OLWR

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: TRE
 Permit #: _____
 Driller: BOB SMITH
 Date completed: 3-28-08

For Office Use Only:

Aquifer: _____
 Well #: C-280
 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>Freddie Jones</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 9790</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Marville, TN 37802</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 D-4 Twn T4S Rng R6W</u>
Telephone No. <u>(662) 526-9200</u>	Distance Direction Nearest Town
	<u>3 Miles N/W of WAREFIELD</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>3-28-08</u>	Setting Depth: <u>170</u> feet
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>3-28-08</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>95</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>98</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>12</u> GPM with a drawdown of
Test Pumping Rate: <u>12</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 0-645 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 APR 23 2008
 BY: OLWR