

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)954-6938 (fax)

County: TATE
Permit #: _____
Driller: BOB SMITH
Date drilling completed: 8-4-08

For Office Use Only:
Aquifer: _____
Well #: C-285
L.S. Elevator: _____
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>MELISSA COOK</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>232 WHITE CREEK CVE</u>	Method of Lat/Long (circle one): Conventional Survey
<u>COLDWATER, MS 38618</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4 Sec 35 Twp T4S R6W</u>
Telephone No. <u>(601) 500-8484</u>	Distance: _____ Miles Direction: <u>W</u> of Nearest Town: <u>BETT</u>

Well Data

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

Date well drilling started: 8-4-08 Date well drilling completed: 8-4-08

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

Static Water Level: 90 feet above or below (circle one) land surface Date measured: 8-4-08

Method of Measurement (circle one): steel tape electric tape air line other: LINE & WEIGHT

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

Type of grout (circle one): Cement 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: 1/32 IN inches Setting depth: From 155 feet to 165 feet

Type of completion (circle all applicable): Gravel packed Unborecased Telescoped Open hole Natural Development
Other (describe): WATER SPO

Top of log 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: _____

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 law.

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

RECEIVED
AUG 18 2008
Signature of Water Well Contractor

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: TATE
Permit #: _____
Driller: BOB SMITH
Date completed: 8-4-08

For Office Use Only:
Aquifer: _____
Well #: C-285
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>MELISSA COOK</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>232 WHITE CREEK CAVE</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>COMPUTER MS 38618</u>	<u>1/4</u> <u>1/4</u> Sec <u>35</u> Twn <u>T45</u> Rng <u>R6W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>(601) 560-8484</u>	<u>2</u> Miles <u>W</u> of <u>BETT</u>

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ Turbine _____	<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>8-4-08</u>	Setting Depth: <u>100</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>8-4-08</u>	Air Line _____ Electric Measuring Line _____ Steel Tape _____
Static Water Level (A): <u>90</u> Feet Below Land Surface	Other (specify): <u>LINE & WEIGHT</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded <u>12</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>12</u> Gallons Per Minute	
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 of Pump Installer

RECEIVED
AUG 18 2008
BY: OLWR