

State Well Report

Part 1

Mississippi Department of Environmental Quality

Office of Land and Water Resources

P.O. Box 2309

Jackson, MS 39225

For Office Use Only

Aquifer: C-370

Well #: _____

L.S. Elevation: _____

E-Long #: _____

| |
|--------------------------------------|
| County: <u>ITTE</u> |
| Permit #: _____ |
| Driller: <u>Bob Smith</u> |
| Date drilling complet: <u>7-3-10</u> |

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>CURTIS JOFFINON</u> | Latitude: <u>34.45.41</u> Longitude: <u>89.49.30</u> |
| Mailing Address: <u>WHITE CREEK COVE</u> <u>CELWAVER, MS 38618</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | <u>SW 1/4 SW 1/4 Sec 0-35 Twn T45 Rng R6W</u> |
| Telephone No. <u>601 496-4990</u> | Distance: <u>1 1/2</u> 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: 7-3-10 Date well drilling completed: 7-3-10

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

Static Water Level: 65 feet above or below (circle one) land surface Date measured: 6-29-10

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

Hole Depth: 110 Well depth: 110 Well grouted to a depth of 10 feet

Type of grout: (circle one) Cement Bentonite Mix

Casing length: 90 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 1/3 THICK inches Setting depth: From 90 feet to 110 feet

Type of completion (circle all applicable):
 Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

Top of lap pipe or reduction casing: _____ feet. If telescoped or more than one screen, describe on back

Logs run (circle one): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well 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 0695 [Signature]

Print name of Water Contractor and License No. Signature of Water Well Contractor

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 JUL 28 2010
 BY: DJM/P

State Well Report

Part 2

Pump Installer's Completion Report

Mississippi Department of Environmental Quality

Office of Land and Water Resources

P.O. Box 2309

Jackson, MS 39225

For Office Use Only

Aquifer: C 370

Well #: _____

Elevation: _____

County: TATE
Permit #: _____
Driller: Bob Smith
Date completed: 7-3-10

This report be prepared by the pump installer in detail and filled with the Department within 30 days of completion of drilling of the well.

| Well Owner Information | Well Location |
|---|--|
| Owner Name: <u>CURTIS JOHNSON</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>WHITE CREEK</u> <u>DRIVE</u> <u>OSWEGO, MS. 38618</u> | Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, survey grade GPS |
| City State Zip Code <u>OSWEGO MS 38618</u> | <u>1/4</u> <u>1/4</u> Sec <u>D35</u> Twn <u>T5</u> Rng <u>R6W</u> |
| Telephone No. <u>(601) 496-4990</u> | Distance Direction Nearest Town <u>1 1/2</u> miles <u>W</u> of <u>HERNANDO</u> |

| Pump Type | Power Type |
|--|---|
| Circle one | 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>7-3-10</u> | Setting Depth: <u>80</u> feet |
| Rated Pump Capacity: <u>10</u> gallons per min | Number of Stages: <u>2</u> |

| Pump Test Data | Method of Measuring Water Level |
|--|---|
| Date Well Tested: <u>7-3-10</u> | circle one Air Line Electric Measuring Line Steel Tape |
| Static Water Level(A): <u>65</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>14</u> GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>14</u> gallons per Minute | |
| Duration of Pump Test(minimum 4 hours): _____ hrs | |

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.

[Signature]
Signature of Pump Installer

RECEIVED

JUL 23 2010

BY: OLWR