

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: _____
Well #: C 378
L.S. Elevation: _____
E-Long #: _____

County: TALC
Permit #: _____
Driller: Bob Smoot
Date drilling complet: 1-26-12

State Law requires that this report be prepared by the driller in detail and filled will the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>PHIL WOOTEN</u>	Latitude: <u>34° 42' 31"</u> Longitude: <u>89° 48' 53"</u>
Mailing Address: <u>200 Independence</u> <u>RD</u> <u>620 WEA, MS 38618</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE 1/4 NE 1/4 Sec 27</u> Twn <u>T4S</u> Rng <u>R6W</u>
Telephone No. (662) <u>501-6343</u>	Distance: _____ Direction: _____ Nearest Town: _____
Well Data	
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other _____	
Date well drilling started: <u>1-26-12</u> Date well drilling completed: <u>1-26-12</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>38</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>1-26-12</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>LINE + WEIGHT</u>	
Hole Depth: <u>135</u> Well depth: <u>135</u> Well grouted to a depth of <u>10</u> feet	
Type of grout: (circle one) <u>Cement</u> Bentonite Mix	
Casing length: <u>115</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>13 THOUS.</u> inches Setting depth: From <u>115</u> feet to <u>135</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____	
Top of lap pipe or reduction incasing: _____ 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.	
<u>Bob Smoot</u> <u>0-645</u>	<u>[Signature]</u>
Print name of Water Contractor and License No.	Signature of Water Well Contractor

RECEIVED

FEB 21 2012

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 2309
Jackson, MS 39225

For Office Use Only

Aquifer: _____

Well #: C378

Elevation: _____

County: <u>TATE</u>
Permit #: _____
Driller: <u>BOB SMITH</u>
Date completed: <u>1-26-12</u>

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

Well Owner Information	Well Location
Owner Name: <u>PHIL WOOSTEN</u> Mailing Address: <u>200 INDEPENDENCE RD</u> <u>BOONWATER, MS 38618</u> City State Zip Code Telephone No. <u>(662) 501-6343</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, survey grade GPS <u>1/4 1/4 Sec D27 Twn 45 Rng 16W</u> Distance Direction Nearest Town <u>1 miles N/W of INDEPENDENCE</u>

Pump Type Circle one	Power Type Circle one
Air lift Jet <input checked="" type="radio"/> <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>1-26-12</u> Rated Pump Capacity: <u>20</u> gallons per min	Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO Windmill Other(specify): _____ Horse Power Rating of Motor: <u>1 1/2</u> Setting Depth: <u>60</u> feet Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: <u>1-28-12</u> Static Water Level(A): <u>38</u> feet below Land Surface Pumping Water Level(B): _____ feet below Land Surface Drawdown[(B)-(A)]: _____ feet below Land Surface Test Pumping Rate: <u>28</u> gallons per Minute Duration of Pump Test(minimum 4 hours): _____ hrs	Air Line Electric Measuring Line Steel Tape Other(specify): <u>LINE + WEIGHT</u> For flowing well, measured shut in head: _____ feet Well yielded <u>28</u> GPM with a drawdown of _____ feet after _____ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.	
<u>BOB SMITH 0645</u> Print Name of Pump Installer and License No.	 Signature of Pump Installer

RECEIVED

FEB 21 2012

BY: OLWR