

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 #: C383
L.S. Elevation: _____
E-Long #: _____

County: TATE
Permit #: _____
Driller: Bob Smart
Date drilling complet: 8-2-12

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>HAROLD CARSON</u>	Latitude: <u>34° 41' 35"</u> Longitude: <u>89° 48' 03"</u>
Mailing Address: <u>327 BETT RD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>COLOMATA, MS. 38618</u>	SW 1/4 NE 1/4 Sec <u>35</u> Twn <u>45</u> Rng <u>86W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 233-4139</u>	<u>1</u> Miles <u>E</u> of <u>INDEPENDENCE</u>
Well Data	
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other _____	
Date well drilling started: <u>8-2-12</u> Date well drilling completed: <u>8-2-12</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>90</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>8-3-12</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>LINE + WEIGHT</u>	
Hole Depth: _____ Well depth: _____ Well grouted to a depth of <u>10</u> feet	
Type of grout: (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>155</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</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>155</u> feet to <u>165</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 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.	
<u>Bob Smart 0-645</u>	<u>[Signature]</u>
Print name of Water Contractor and License No.	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 2309

Jackson, MS 39225

For Office Use Only

Aquifer: _____

Well #: C-383

Elevation: _____

County: <u>TALMASH</u>
Permit #: _____
Driller: <u>BOB SMITH</u>
Date completed: <u>8-3-12</u>

This report be prepared by the pump installer 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>HAROLD CANSON</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>327 BETT M</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey
<u>OSWALTA, MS 38618</u>	<input checked="" type="radio"/> USGS quad, <input checked="" type="radio"/> Hand-held GPS, <input checked="" type="radio"/> survey grade GPS
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 23 Twn 14S Rng 16W</u>
Telephone No. <u>(662) 233-4139</u>	Distance _____ Direction _____ Nearest Town _____
	<u>1</u> miles <u>E</u> of <u>INDIANENCE</u>

Pump Type Circle one	Power Type Circle one
Air lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other(specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>8-3-12</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>10</u> gallons per min	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: <u>8-3-12</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level(A): _____ 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.	
<u>BOB SMITH 0645</u>	
Print Name of Pump Installer and License No.	Signature of Pump Installer

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