

State Well Report

Part I

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)

For Office Use Only:

Aquifer: _____
Well #: D-112
L. S. Elevation: _____
E-log #: _____

County: TATE
Permit #: _____
Driller: BOB SMITH
Date drilling completed: 1-10-05

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>Kenny Woods</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Courtney Lane RD</u>	Method of Lat/Long (circle one): Conventional Survey
<u>COVINGTON MS 38618</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4 Sec 2-6 Twn T48 Rng R5W</u>
Telephone No: <u>(901) 491-2272</u>	Distance: <u>3 1/2</u> Miles Direction: <u>NW</u> of Nearest Town: <u>LAKEFIELD</u>

Well Data

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

Date well drilling started: 1-10-05 Date well drilling completed: 1-10-05

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

Static Water Level: 58' feet above or below (circle one) land surface Date measured: 1-10-05

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

Hole depth: 136' Well depth: 136' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 126 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 1/4" x 1/8" inches Setting depth: From 126 feet to 136 feet

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

Other (describe): Washed Sand

Top of lap 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 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.

Print Name of Water Well Contractor and License No: BOB SMITH 0-645

Signature of Water Well Contractor: [Signature]

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FEB 10 2005
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 39288-0631
 (601)961-5210
 (601)334-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: D-112

Elevation: _____

County: Tate

Permit #: _____

Driller: Bob Smith

Date completed: 1-10-05

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

Owner Name: Kenny Woods

Mailing Address: Country Line

Columbus MS 38618

City: _____ State: _____ Zip Code: _____

Telephone No: 901 491-2272

Well Location

Latitude: _____ Longitude: _____

Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS

1/4 1/4 Sec 6 Twn 4S Rng 5W

Distance: 3/2 Miles NW of LAKEFIELD

Direction: _____ Nearest Town: _____

Pump Type

Circle one

Air Lift: Submersible

Bucket: Piston Turbine

Centrifugal: Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 1-10-05

Rated Pump Capacity: 12 (Gallons Per Minute)

Power Type

Circle one

Diesel Engine: Gasoline Engine: Natural Gas:

Electric Motor: Hand: Tractor PTO:

Windmill: Other (specify): _____

Horse Power Rating of Motor: 3/4

Setting Depth: 80 feet

Number of Stages: 10

Pump Test Data

Date Well Tested: 1-10-05

Static Water Level (A): 58 Feet Below Land Surface

Pumping Water Level (B): 61 Feet Below Land Surface

Drawdown: [(B) - (A)]: 3 Feet Below Land Surface

Test Pumping Rate: 16 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level

Circle one

Air Line: Electric Measuring Line: Steel Tape:

Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded 16 GPM with a drawdown of 3 feet after _____ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Bob Smith 0-645 _____

Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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FEB 10 2005

BY: OLWR