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)961-5280
(601)354-6938 (fax)

County: TATE 137
Permit #:
Driller: Bob Smith
Date drilling completed: 2-26-05

For Office Use Only:
Aquifer:
Well #: E-40
L. S. Elevation:
E-log #:

Smith Well Drilling and Service

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

Owner Name: DEBORAH MOSIER
Mailing Address: 90 GARR DR.
SENATOBIA, MS 38668
City State Zip Code
Telephone No (901) 365-7193

Well Location

Latitude: ___ ° ___ ' ___ " Longitude: ___ ° ___ ' ___ "
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
___ ¼ ___ ¼ Sec E-13 Twn T-5S Rng R-9W
Distance 3 Miles Direction NE of Nearest Town STARKVILLE

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other:
Date well drilling started: 2-26-05 Date well drilling completed: 2-26-05
If flowing, method of flow regulation: Valve ___ Other (describe)
Static Water Level: 118' feet above or below (circle one) land surface Date measured: 2-26-05
Method of Measurement (circle one): steel tape electric tape air line other:
Hole depth: 225 Well depth: 225 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 215 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: 14 TOWS, inches Setting depth: From 215 feet to 225 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.

Bob Smith 0-645
Print Name of Water Well 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 10631
Jackson, MS 39289-0631
(601)961-5230
(601)354-6938 (fax)

County: TATE
Permit #:
Driller: BOB SMITH
Date completed: 2-26-05

For Office Use Only:
Aquifer:
Well #: E-4D
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

Owner Name: DEBORAH MOSIER
Mailing Address: 90 GATOR M.
City: SENATOBIA State: MS Zip Code: 38668
Telephone No (901) 365-7193

Well Location

Latitude: Longitude:
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
___ ¼ ___ ¼ Sec E-13 Twn 1SS Rng 19W
Distance 3 Miles Direction NE of Nearest Town STRAWTOWN

Pump Type (Circle one)

Air Lift | Jet | Submersible
Bucket | Piston | Turbine
Centrifugal | Rotary | Flowing Well
Other (specify):
Date Pump Installed: 2-26-05
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: 1
Setting Depth: 124 feet
Number of Stages: 14

Pump Test Data

Date Well Tested: 2-26-05
Static Water Level (A): 118 Feet Below Land Surface
Pumping Water Level (B): 119 Feet Below Land Surface
Drawdown [(B) – (A)]: 1 Feet Below Land Surface
Test Pumping Rate: 15 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 15 GPM with a drawdown of 1 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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E-40

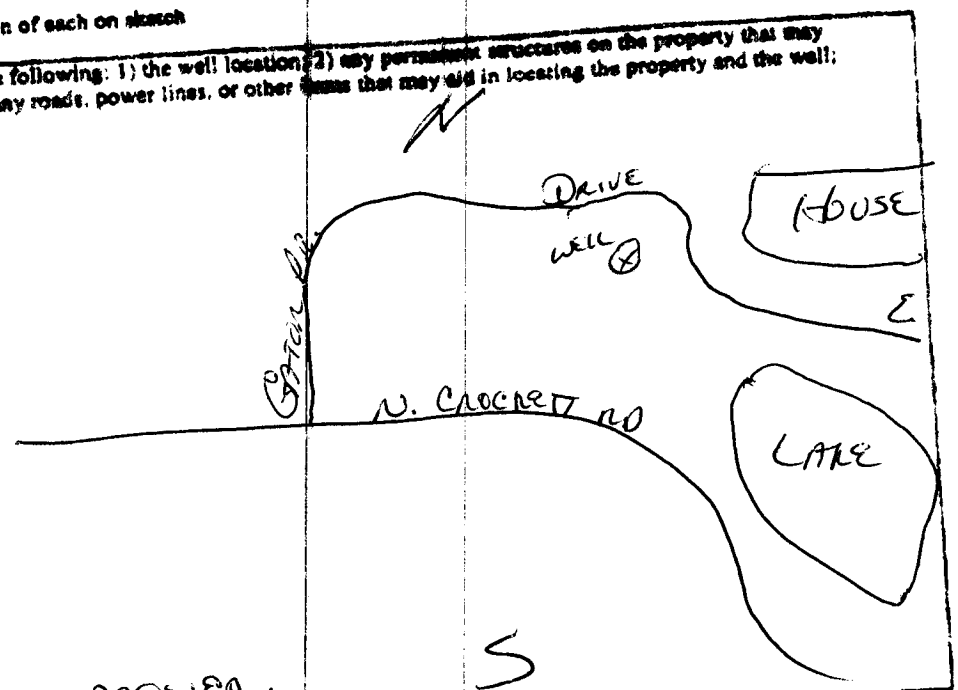
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
TOP SOIL	0	5
BROWN CLAY	5	30
GRAVEL	30	60
ROCK	60	61
GRAVEL	61	63
ROCK	63	64
WHITE CLAY + SAND	64	160
FINE WHITE SAND	160	200
COARSE WHITE SAND	200	225

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: DEBORAH MOSIER

Signature of Water Well Contractor

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