

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)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: E-49
 L. S. Elevation: _____
 E-log #: _____

County: LATE
 Permit #: _____
 Driller: BOB SMITH
 Date drilling completed: 2-24-07

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>DAVID WOMACK</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2945 NORTH</u> <u>CROCKETT RD</u> <u>SEMIOTA MS 38668</u> City State Zip Code	Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
Telephone No. <u>(901)-487-8710</u>	<u>1/4</u> <u>1/4</u> Sec <u>24</u> Twp <u>T55</u> Rng <u>R9W</u>
	Distance <u>3</u> Miles Direction <u>NE</u> of Nearest Town <u>SEMIOTA</u>

Well Data

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

Date well drilling started: 2-24-07 Date well drilling completed: 2-24-07

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

Static Water Level: 122 feet above or below (circle one) land surface Date measured: 2-26-07

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

Hole depth: 245 Well depth: 245 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 225 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 1/32 inches Setting depth: From 225 feet to 24 feet

Type of completion (circle all applicable): Gravel packed Undersanded Telescoped Open hole Natural Development
 Other (describe): MASIRO 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]
 Signature of Water Well Contractor

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E-49

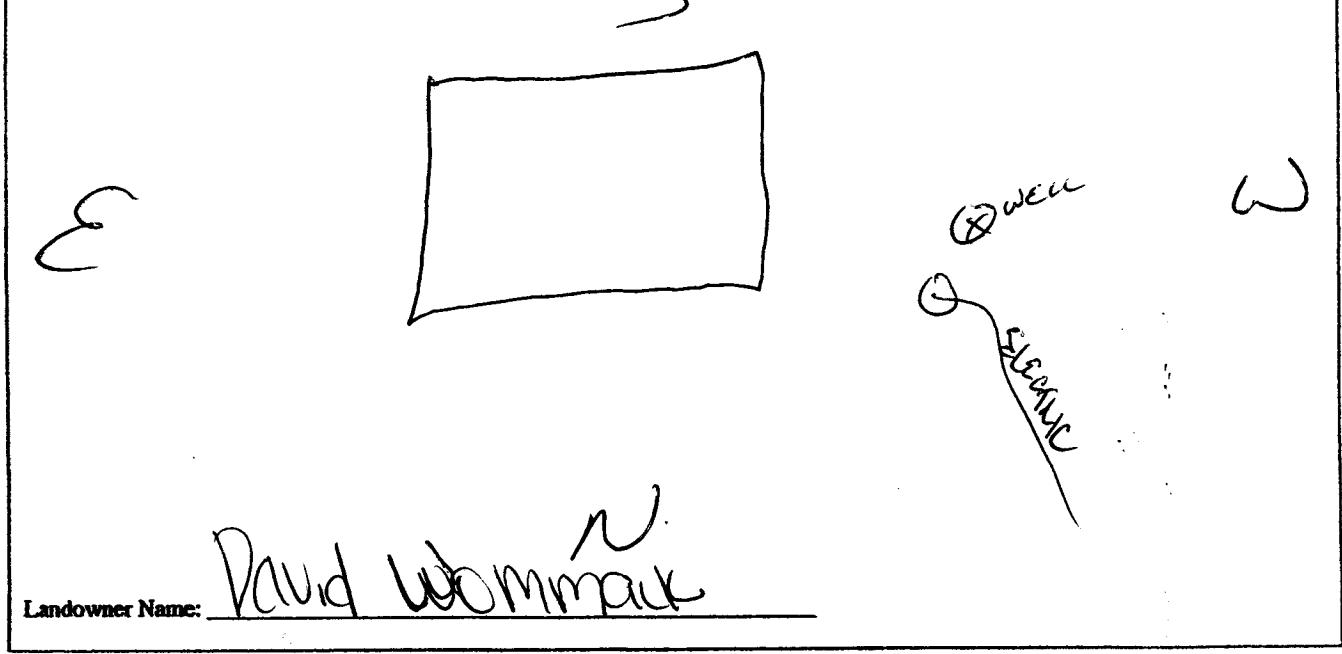
If well telescopes please sketch below and show depths.

Ground Level _____

Description of Formations Encountered	From	To
Top soil	0	5
Brown clay	5	20
Gravel	20	76
Grey clay	76	105
White clay + sand	105	220
White sand	220	245

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.



[Signature]

 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)961-5210
 (601)354-6938 (fax)

County: Tate
 Permit #: _____
 Driller: Bob Smith
 Date completed: 2-26-07

For Office Use Only:

Aquifer: _____
 Well #: E-49
 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	Well Location
Owner Name: <u>David Wommack</u> Mailing Address: <u>2945 North</u> <u>Crocket Rd.</u> <u>Stratton Ms. 38108</u> <small>City State Zip Code</small> Telephone No. <u>(901) 481-8710</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>F24</u> Twn <u>T55</u> Rng <u>19W</u> Distance Direction Nearest Town <u>3</u> Miles <u>NE</u> of <u>Stratton</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> Bucket Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> Other (specify): _____ Date Pump Installed: <u>2-26-07</u> Rated Pump Capacity: <u>20</u> Gallons Per Minute	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>1 1/2</u> Setting Depth: <u>140</u> feet Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-26-07</u> Static Water Level (A): <u>122</u> Feet Below Land Surface Pumping Water Level (B): <u>128</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>6</u> Feet Below Land Surface Test Pumping Rate: <u>22</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input type="radio"/> Steel Tape <input type="radio"/> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>22</u> GPM with a drawdown of <u>6</u> feet after _____ hours of pumping

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

Bob Smith 01045
 Print Name of Pump Installer and License No. (if applicable)


 Signature of Pump Installer

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