

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 #:	<u>E.65</u>
L.S. Elevation:	_____
E-Long #:	_____

County:	<u>TATE</u>
Permit #:	_____
Driller:	<u>Bob Smith</u>
Date drilling complet:	<u>9-4-11</u>

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>ANDY MABLY</u>	Latitude: <u>34° 37' 03"</u> Longitude: <u>90° 05' 32"</u>
Mailing Address: <u>60 LINWOOD RD</u> <u>SEMOBIA, MS 38668</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: <u>SEMOBIA</u> State: <u>MS</u> Zip Code: <u>38668</u>	NE 1/4 SE 1/4 Sec <u>25</u> Twn <u>T55</u> Rng <u>R9W</u>
Telephone No. <u>662 288-1578</u>	Distance: <u>6</u> Miles Direction: <u>W</u> of <u>SEMOBIA</u>
Well Data	
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other _____	
Date well drilling started: <u>9-4-11</u> Date well drilling completed: <u>9-4-11</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>116</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>9-5-11</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>LINE + WEIGHT</u>	
Hole Depth: <u>240</u> Well depth: <u>240</u> Well grouted to a depth of <u>10</u> feet	
Type of grout: (circle one) <u>Cement</u> Bentonite Mix	
Casing length: <u>220</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>220</u> feet to <u>240</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 oorganization 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 Smith</u> <u>0-645</u>	<u>[Signature]</u>
Print name of Water Contractor and License No.	Signature of Water Well Contractor

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 #: <u>E-65</u>
Elevation: _____	

County: <u>TATE</u>
Permit #: _____
Driller: <u>BOB SMITH</u>
Date completed: <u>9-5-11</u>

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

Well Owner Information	Well Location
Owner Name: <u>ANDY MABRY</u>	Latitude: <u>34-37-03</u> Longitude: <u>90-05--32</u>
Mailing Address: <u>600 LINWOOD RD</u>	Method of Lat/Long (circle one): Conventional Survey
<u>SENATobia, MS. 38668</u>	USGS quad, Hand-held GPS, survey grade GPS
City State Zip Code	<u>NE1/4 SE1/4 Sec 25 Twn 15S Rng 24W</u>
Telephone No. <u>(662) 288-1518</u>	Distance Direction Nearest Town
	<u>6</u> miles <u>W</u> of <u>SENATOBIA</u>

Pump Type Circle one	Power Type Circle one
Air lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other(specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>9-5-11</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: _____ gallons per min	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: <u>9-5-11</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level(A): <u>116</u> feet below Land Surface	Other(specify): <u>LINE + WEIGHT</u>
Rumping 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>24</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>24</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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