

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 #: E66

L.S. Elevation: _____

E-Long #: _____

County: TATE
 Permit #: _____
 Driller: BOB SMITH
 Date drilling complet: 4-27-13

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>DONNE SORLONS</u>	Latitude: <u>3A-40-13</u> Longitude: <u>90-10-01</u>
Mailing Address: <u>11904 ANIMABA RD GARDNER, MS 38618</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 NE 1/4 Sec F08 Twn 15S Rng R2W</u>
City: _____ State: _____ Zip Code: _____	Distance: _____ Direction: <u>55</u> Nearest Town: _____
Telephone No. (<u>662</u>) <u>301-4987</u>	<u>1 1/4</u> Miles <u>EAST</u> of <u>COTTON OLE</u>
Well Data	
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other _____	
Date well drilling started: <u>4-27-13</u> Date well drilling completed: <u>4-27-13</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>70</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>4-28-13</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>LINE + WEIGHT</u>	
Hole Depth: <u>155</u> Well depth: <u>155</u> Well grouted to a depth of <u>10</u> feet	
Type of grout: (circle one) Cement <u>Resonite</u> Mix	
Casing length: <u>135</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>70</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>135</u> feet to <u>155</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.	
Print name of Water Contractor and License No. <u>BOB SMITH D-645</u>	Signature of Water Well Contractor <u>[Signature]</u> <u>MAY 14 2013</u> BY: <u>OLM</u>

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

County: <u>TATE</u>
Permit #: _____
Driller: <u>BOB SMITH</u>
Date completed: <u>4-28-13</u>

For Office Use Only	
Aquifer: _____	Well #: <u>E66</u>
Elevation: _____	_____

This report to 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>DONNE SCALION</u> Mailing Address: <u>11904 AULINDALE</u> <u>GRANDVIEW, MS 38618</u> City State Zip Code Telephone No. (662) <u>301-4987</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, survey grade GPS <u>14 14 Sec F-5 Twp 13S Rng 12W</u> Distance <u>1.4</u> miles Direction <u>EAST</u> Nearest Town <u>of COTTONVILLE</u>

Pump Type Circle one	Power Type Circle one
Air lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>4-28-13</u> Rated Pump Capacity: _____ gallons per min	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>3/4</u> Setting Depth: <u>100</u> feet Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: <u>4-28-13</u> Static Water Level (A): <u>70</u> feet below Land Surface Pumping Water Level (B): _____ feet below Land Surface Drawdown (B)-(A): _____ feet below Land Surface Test Pumping Rate: <u>12</u> gallons per minute Duration of Pump Test (minimum 4 hours): _____ hrs	Air Line Electric Measuring Line Steel Tape Other (specify): <u>LINE + WEIGHT</u> For flowing well, measured shut in head: _____ feet Well yielded <u>12</u> GPM with a drawdown of _____ 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. Signature of Pump Installer

RECEIVED
 MAY 14 2013
 BY: OLWR

