

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 #: F 62
 L. S. Elevation: _____
 E-log #: _____

County: TATE 137
 Permit #: _____
 Driller: BOB SMITH
 Date drilling completed: 9-22-04

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		Well Location	
Owner Name: <u>DANE SORRELL</u>	Latitude: _____ Longitude: _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: <u>598 OAKLEY RD</u>	USGS quad, Hand-held GPS, Survey-grade GPS	1/4 _____ 1/4 Sec <u>613</u> Twn <u>T-55</u> Rng <u>R-8W</u>	
<u>SENA TOPIA</u>	City _____ State _____ Zip Code _____	Distance _____ Miles	Direction <u>N/W</u> of Nearest Town <u>SENA TOPIA</u>
Telephone No: <u>662-562-8105</u>			

Well Data

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

Date well drilling started: 9-22-04 Date well drilling completed: 9-22-04

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

Static Water Level: 35 feet above or below (circle one) land surface Date measured: 9-22-04

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

Hole depth: 156 Well depth: 156 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 146 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 mesh inches Setting depth: From 146 feet to 156 feet

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

Other (describe): Washed Sand

Top of tap 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): _____

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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.

ROBERT SMITH 0645 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

F-62

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
TOP SOIL	0	5
BROWN CLAY	5	18
GRAVEL	18	29
WHITE CLAY	29	90
WHITE SANDY CLAY	90	130
WHITE SAND	130	156

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: DANE SWEET

[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: 9-22-04

For Office Use Only:

Aquifer: _____
 Well #: F-62
 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>DANE SOWELL</u> Mailing Address: <u>578 OAKLEY DR.</u> <u>SENATOBIA</u> <u>MS. 38668</u> City: _____ State: _____ Zip Code: _____ Telephone No. <u>662-562-8105</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>G13</u> Twn <u>T55</u> Rng <u>R-8W</u> Distance _____ Direction _____ Nearest Town _____ <u>2</u> Miles <u>N/W of</u> <u>SENATOBIA</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>9-22-04</u> Rated Pump Capacity: <u>20</u> Gallons Per Minute	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>60</u> feet Number of Stages: <u>14</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-22-04</u> Static Water Level (A): <u>35</u> Feet Below Land Surface Pumping Water Level (B): <u>39</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>4</u> Feet Below Land Surface Test Pumping Rate: <u>27</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line: _____ <u>Electric Measuring Line</u> : _____ Steel Tape: _____ Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>27</u> GPM with a drawdown of <u>4</u> feet after _____ hours of pumping

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

Print Name of Pump Installer and License No. (if applicable): ROBERT C SMITH 0-645

Signature of Pump Installer: _____