

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 #: F-85

L.S. Elevation: _____

E-Long #: _____

County: TATE
Permit #: ~~_____~~
Driller: BOB SMITH
Date drilling complet: 8-15-08

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>JOEY LOWREY</u>	Latitude: _____ "Longitude: _____"
Mailing Address: <u>LOT 5</u> <u>CHERRY LAKE</u> <u>COLDWATER, MS. 38618</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code: _____	<u>1/4 1/4 Sec B-3 Twn T55 Rng N8W</u>
Telephone No. <u>(662) 562-6526</u>	Distance Direction Nearest Town <u>3 Miles S/W of COLDWATER</u>

Well Data

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

Date well drilling started: 8-15-08 Date well drilling completed: 8-15-08

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

Static Water Level: 57 feet above or below (circle one) land surface Date measured: 8-15-08

Method of Measurement (circle one) steel tape electric tape air line other: LINE + WEIGHT

Hole Depth: 155 Well depth: 155 Well grouted to a depth of 10 feet

Type of grout: (circle one): Cement Bentonite Mix

Casing length: 145 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 13 THOUS inches Setting depth: From 145 feet to 155 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 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 requirments of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

BOB SMITH 0645
Print name of Water Contractor and License No.

[Signature]
Signature of Water Well Contractor

RECEIVED
SEP 12 2008
BY: OLWR

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>F-85</u>
Elevation: _____	

County: <u>JATE</u>
Permit #: _____
Driller: <u>BOB SMITH</u>
Date completed: <u>8-15-08</u>

This report be prepared by the pump installer 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>JOEY LOWREY</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Lot 5</u> <u>CHERRY DALE</u> <u>CORINTH MS 38668</u>	Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, survey grade GPS <u>1/4 1/4 Sec B3 Twn T55 Rng R8W</u>
City State Zip Code	Distance Direction Nearest Town <u>3</u> miles <u>S/W</u> of <u>COLDWATER</u>
Telephone No. <u>(662) 562-6526</u>	

Pump Type	Power Type
Circle one	Circle one
Air lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other(specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>8-15-08</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: _____ gallons per min	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>8-15-08</u>	circle one
Static Water Level(A): <u>57</u> feet below Land Surface	Air Line Electric Measuring Line Steel Tape
Pumping Water Level(B): _____ feet below Land Surface	Other(specify): <u>LINE + WEIGHT</u>
Drawdown[(B)-(A)]: _____ feet below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>14</u> gallons per Minute	Well yielded <u>14</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Duration of Pump Test(minimun 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

RECEIVED
SEP 12 2008
BY: OLWR

