

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 #: F89

L.S. Elevation: _____

E-Long #: _____

County: JACKSON
Permit #: _____
Driller: BOB SMITH
Date drilling complet: 5-8-09

State Law requires that this report be prepared by the driller 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>DICK MEANHEAD</u>	Latitude: <u>34° 41' 05"</u> Longitude: <u>90° 01' 57"</u>
Mailing Address: <u>2578 AKAHUTTA RD. COLWATER, MS. 38618</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	NE 1/4 NW 1/4 Sec <u>0-3</u> T55 Rng R8W
Telephone No. <u>318 914-3247</u>	Distance: <u>2</u> Miles Direction: <u>W</u> of Nearest Town: <u>COLWATER</u>

Well Data

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

Date well drilling started: 5-8-09 Date well drilling completed: 5-8-09

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

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 5-8-09

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

Hole Depth: 186 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: 13 TUBS 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): _____

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 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.

BOB SMITH 0-645
Print name of Water Contractor and License No.

[Signature]
Signature of Water Well Contractor

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BY: OLIVER

Ground Level

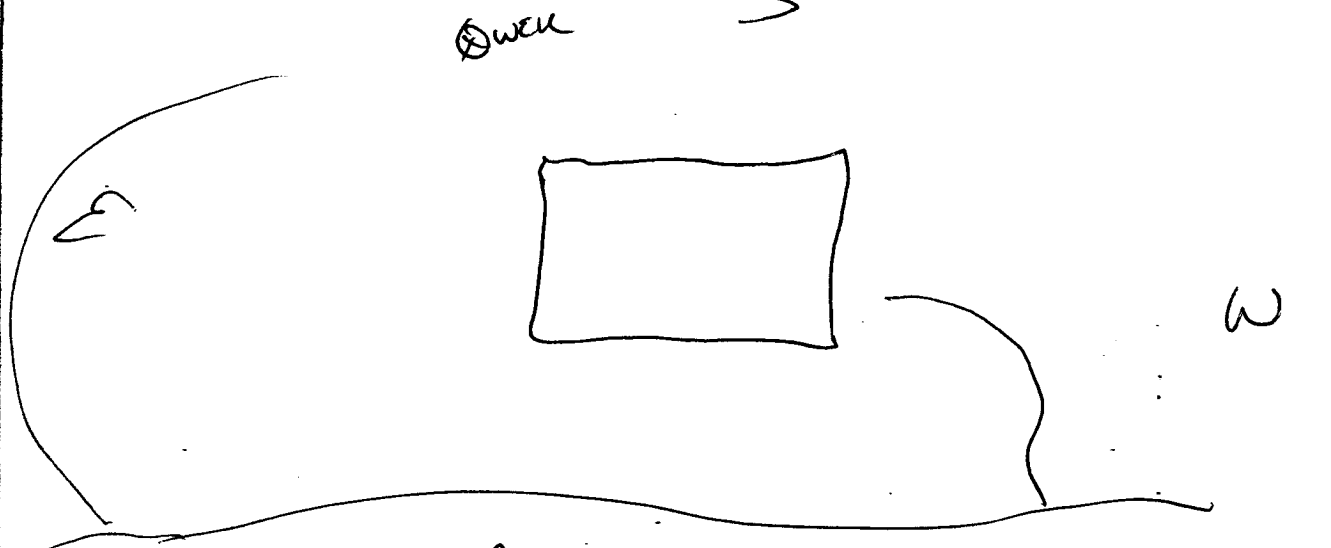
Description of Formations Encountered

From To

TOP SOIL	0	5
RED CLAY	5	22
SAND & GRAVEL	22	40
WHITE CLAY	40	110
WHITE SAND	110	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: Dick Meantred N

[Handwritten Signature]
Signature of Water Well Contractor

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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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: TATE
 Permit #: _____
 Driller: BOB SMITH
 Date completed: 5-8-09

For Office Use Only:

Aquifer: _____
 Well #: F89
 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>DICK MEARHEAD</u> Mailing Address: <u>2578 ANWARAND</u> <u>COLUMBIA, MS 38618</u> <small>City State Zip Code</small> Telephone No. <u>(318) 914-3247</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>3</u> Twn <u>T55</u> Rng <u>R8W</u> Distance Direction Nearest Town <u>2</u> Miles <u>W</u> of <u>COLUMBIA</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>5-8-09</u> Rated Pump Capacity: <u>12</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>3/4</u> Setting Depth: <u>70</u> feet Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-8-09</u> Static Water Level (A): <u>50</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: <u>16</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line Electric Measuring Line Steel Tape Other (specify): <u>LINE & WEIGHTS</u> For flowing well, measured shut in head: _____ feet Well yielded <u>16</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 0645 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 MAY 28 2009
 BY: OLWE