

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 #: F90

L.S. Elevation: _____

E-Long #: _____

County: <u>TATE</u>
Permit #: _____
Driller: <u>BOB SMITH</u>
Date drilling complet: <u>5-2-09</u>

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>JOHNNY JAMES</u>	Latitude: <u>34° 36' 38"</u> Longitude: <u>90° 20' 21"</u>
Mailing Address: <u>1222 WALKHILL</u> <u>CORDWATER, 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 NE 1/4 Sec <u>35</u> Twn <u>18S</u> Rng <u>R8W</u> OK
Telephone No. <u>662 562-2600</u>	Distance: <u>1</u> Miles Direction: <u>S/W</u> of <u>SEMPORA</u>

Well Data

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

Date well drilling started: 5-2-09 Date well drilling completed: 5-2-09

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 5-2-09

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

Hole Depth: 215 Well depth: 215 Well grouted to a depth of 10 feet

Type of grout: (circle one) Cement Bentonite Mix

Casing length: 195 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 13 Mesh inches Setting depth: From 195 feet to 215 feet

Type of completion (circle all applicable):
 Gravel packed 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.

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

[Signature]
Signature of Water Well Contractor

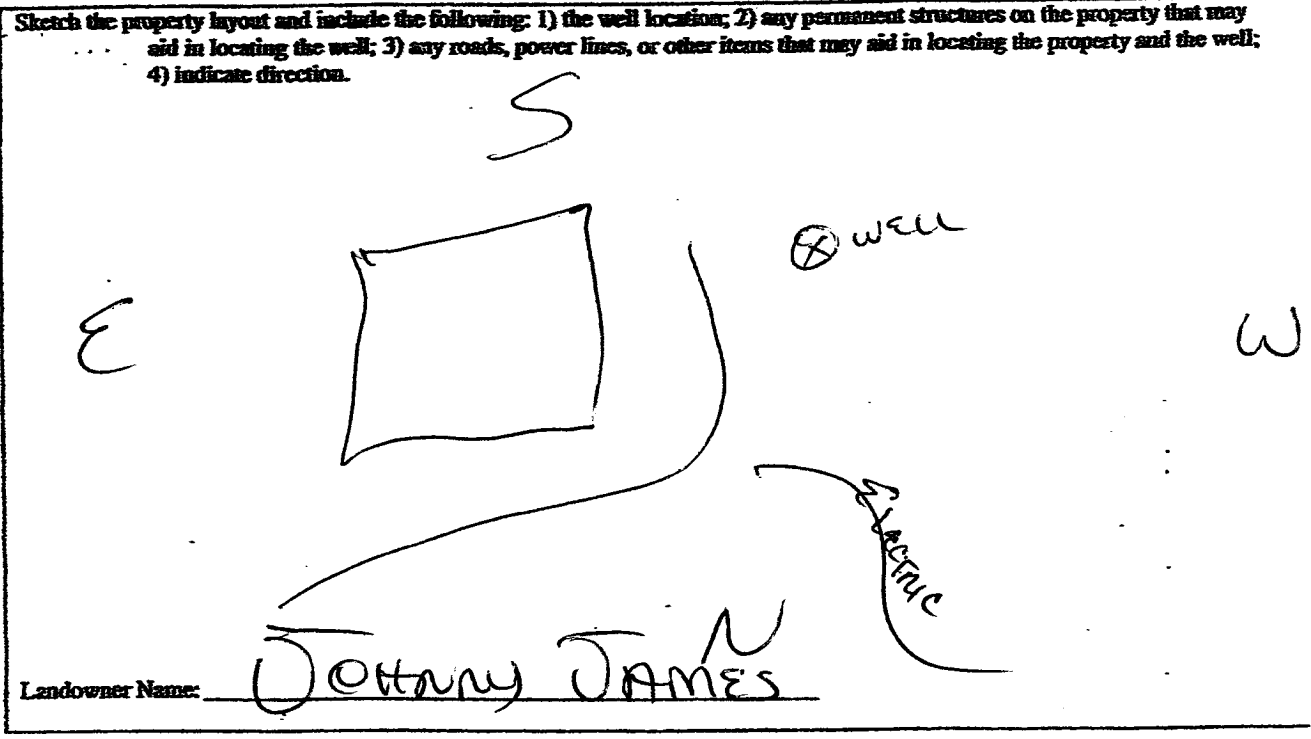
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Ground Level

Description of Formations Encountered	From	To
TOP SOIL	0	5
BROWN CLAY	5	22
GRAVEL	22	130
GRAY CLAY	130	190
WHITE SAND	190	215

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: JOHNNY JAMES

Handwritten signature
 Signature of Water Well Contractor

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 BY: OLWFR

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: 5-2-09

For Office Use Only:
Aquifer: _____
Well #: F90
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>Johnny James</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1222 W. HILL RD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Osborne, MS 38618</u>	_____ 1/4 _____ 1/4 Sec <u>55</u> Twp <u>15S</u> Rng <u>R8W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 562-2600</u>	<u>1</u> Miles <u>S/W</u> of <u>SENIORIA</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>5-2-09</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>13</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-2-09</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): <u>Line + weight</u>
Pumping 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>13</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>13</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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: OLWR