

State Well Report

Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225

County: TATE
Permit #: _____
Driller: BOB SMITH
Date drilling complet: 4-3-10

For Office Use Only

Aquifer: F92
Well #: _____
L.S. Elevation: _____
E-Long #: _____

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>RAY FALLNER</u>	Latitude: <u>34.40.36</u> "Longitude: <u>90.0.54</u> "
Mailing Address: <u>173</u> <u>LEMBUCKIE RD</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</u> <u>1/4</u> Sec <u>2</u> Twn <u>75S</u> Rng <u>R2W</u>
Telephone No. <u>(662) 519-9671</u>	Distance: <u>3</u> Miles <u>W</u> of <u>COLDWATER</u>

Well Data

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

Date well drilling started: 4-3-10 Date well drilling completed: 4-3-10

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 4-3-10

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

Hole Depth: 150 Well depth: 150 Well grouted to a depth of 10 feet

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

Casing length: 140 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 #20S inches Setting depth: From 140 feet to 150 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 0645 [Signature]
Print name of Water Contractor and License No. Signature of Water Well Contractor

RECEIVED
APR 28 2010
BY: OLWR

F92

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 #: _____
Elevation: _____

County: TAL
Permit #: _____
Owner: BOB SMITH
Date completed: 4-17-10

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>BOB FAULKNER</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>173</u> <u>CONBUCKLE RD.</u> <u>COVINGTON, MS, 38818</u> City State Zip Code	Method of Lat/Long (circle one): <u>Conventional Survey</u> <u>USGS quad, Hand-held GPS, survey grade GPS</u> <u>1/4 1/4 Sec G-2 Twp T55 Rng R28W</u>
Telephone No: <u>662 579-9671</u>	Distance: <u>3</u> miles Direction: <u>W</u> Nearest Town: <u>COVINGTON</u>

Pump Type Circle one	Power Type Circle one
Air lift: <u>Jet</u> <u>Submersible</u>	Diesel Engine: _____ Gasoline Engine: _____ Natural Gas: _____
Bucket: _____ Piston: _____ Turbine: _____	<u>Electric Motor</u> _____ Hand: _____ Tractor PTO: _____
Centrifugal: _____ Rotary: _____ Floating Well: _____	Windmill: _____ Other (specify): _____
Other (specify): _____	Motor Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>4-17-10</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>10</u> gallons per min	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: <u>4-17-10</u>	Air Line: _____ Electric Measuring Line: _____ Steel Tape: _____
Static Water Level(A): <u>40</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) (AE): _____ feet below Land Surface	Well yielded: <u>14</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>14</u> gallons per minute	
Duration of Pump Test (between 4 hours): _____ hrs	

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. _____
Signature of Pump Installer _____

RECEIVED
APR 28 2010
BY: OLWR

