

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 #: E98
L.S. Elevation:
E-Long #:

County: TNE
Permit #:
Driller: BOB SMITH
Date drilling complet: 4-13-13

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 and Well Location section containing fields for Owner Name, Mailing Address, Telephone No., Latitude, Longitude, Method of Lat/Long, and Distance/Direction.

Well Data section containing fields for Purpose of Well, Date well drilling started/completed, Static Water Level, Method of Measurement, Hole Depth, Type of grout, Casing length/diameter, Screen length/diameter, and Type of completion.

Signature and Certification section including 'I certify that the well drilled...' statement, Print name of Water Contractor (BOB SMITH), and 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 2309

Jackson, MS 39225

For Office Use Only

Aquifer: _____

Well #: E98

Elevation: _____

County: <u>TATE</u>
Permit #: _____
Driller: <u>BOB SMITH</u>
Date completed: <u>4-13-13</u>

This report be prepared by the pump installer 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>GARY CRUISE</u> Mailing Address: <u>1716 STODEN VALLEY RD</u> <u>COLUMBIANA MS 3868</u> City State Zip Code Telephone No. <u>(901) 238-4177</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, survey grade GPS <u>1/4 1/4 Sec 6 Twp 55 Rng 12W</u> Distance _____ miles Direction <u>S/E</u> Nearest Town <u>ANKARBULA</u>

Pump Type Circle one	Power Type Circle one
Air lift Jet <input type="radio"/> <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>4-13-13</u> Rated Pump Capacity: <u>10</u> gallons per min	Diesel Engine Gasoline Engine Natural Gas <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO Windmill Other(specify): _____ Horse Power Rating of Motor: <u>3/4</u> Setting Depth: <u>80</u> feet Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: <u>4-13-13</u> Static Water Level(A): <u>60</u> feet below Land Surface Rumping Water Level(B): _____ feet below Land Surface Drawdown[(B)-(A)]: _____ feet below Land Surface Test Pumping Rate: <u>14</u> gallons per Minute Duration of Pump Test(minimum 4 hours): _____ hrs	Air Line Electric Measuring Line Steel Tape Other(specify): <u>LINE + WEIGHT</u> For flowing well, measured shut in head: _____ feet Well yielded <u>14</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.

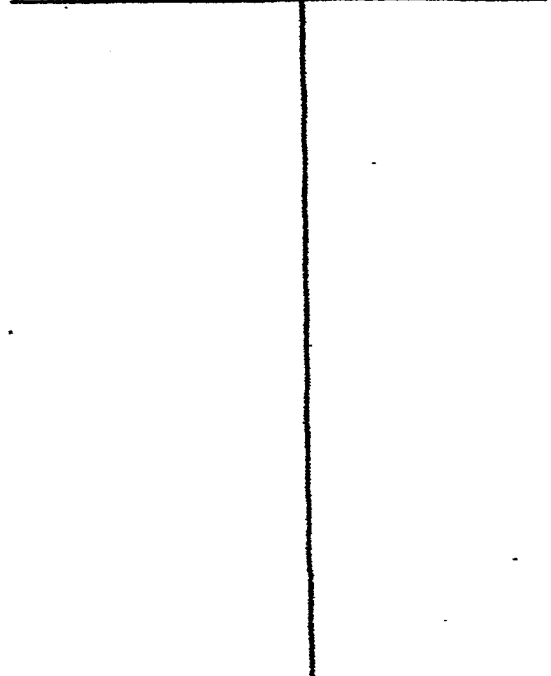
<u>BOB SMITH 0-645</u> Print Name of Pump Installer and License No.	 Signature of Pump Installer
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Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	5
Brown CLAY	5	20
RED SAND + GRAVEL	20	37
WHITE CLAY	37	100
WHITE SAND + CLAY	100	130
WHITE SAND	130	155

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: GRAY CARLISE E

[Signature]
Signature of Water Well Contractor

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