

State Well Report

Part 1

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)

For Office Use Only:

Aquifer: _____
Well #: G-128
L. S. Elevation: _____
E-log #: _____

County: TATE
Permit #: _____
Driller: Bob Smith
Date drilling completed: 9-20-05

State Law requires that this report be prepared by the driller 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>Taylor Realty</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2521</u> <u>CARRY ST.</u> <u>Memphis, MS 38132</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	1/4 _____ 1/4 Sec. <u>H5</u> Twn <u>T55</u> Rng <u>R7W</u>
Telephone No. <u>669 429 9041</u>	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of <u>Collierville</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 9-20-05 Date well drilling completed: 9-20-05
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 70 feet above or below (circle one) land surface Date measured: 9-20-05
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 130 Well depth: 130 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 120 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: 1/4705 inches Setting depth: From 120 feet to 130 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 in casing: _____ feet. If telescoped or more than one screen, describe on back of page
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____

I certify that the well was 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
Print Name of Water Well Contractor and License No.

[Signature]
Signature of Water Well Contractor

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OCT 14 2005

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)

For Office Use Only:

Aquifer: _____

Well #: 6-128

Elevation: _____

County: Tate

Permit #: _____

Driller: Bob Smith

Date completed: 9-20-05

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>Taylor Henry</u> Mailing Address: <u>2521</u> <u>CARROLL ST.</u> <u>Hammond, MS 38632</u> <small>City State Zip Code</small> Telephone No. <u>662 424-9041</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>15</u> Twn <u>75S</u> Rng <u>R7W</u> Distance Direction Nearest Town <u>1</u> Miles <u>E</u> of <u>COLEMAN</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> Submersible Bucket Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> Other (specify): _____ Date Pump Installed: <u>9-20-05</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>80</u> feet Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-20-05</u> Static Water Level (A): <u>70</u> Feet Below Land Surface Pumping Water Level (B): <u>74</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>4</u> Feet Below Land Surface Test Pumping Rate: <u>15</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line <input type="radio"/> <input checked="" type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>15</u> GPM with a drawdown of <u>4</u> 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]
 Signature of Pump Installer

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