

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-134
L. S. Elevation: _____
E-log #: _____

County: TATE
Permit #: _____
Driller: ROB SMITH
Date drilling completed: 3-24-06

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>DENNIS BLAKELEY</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>SEMATOBA LAKES</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>SEMATOBA, MS 38668</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 4-25 Twn 155 Rng R7W</u>
Telephone No. <u>(601) 988-4934</u>	Distance Direction Nearest Town
	<u>1 1/2 Miles E of NEWTOWN</u>

Well Data

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

Date well drilling started: 3-24-06 Date well drilling completed: 3-24-06

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 3-24-06

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

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 110 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 1/16 inches Setting depth: From 110 feet to 120 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.

ROB SMITH 0-645
Print Name of Water Well Contractor and License No.

[Signature]
Signature of Water Well Contractor

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G-134

If well telescopes please sketch below and show depths.

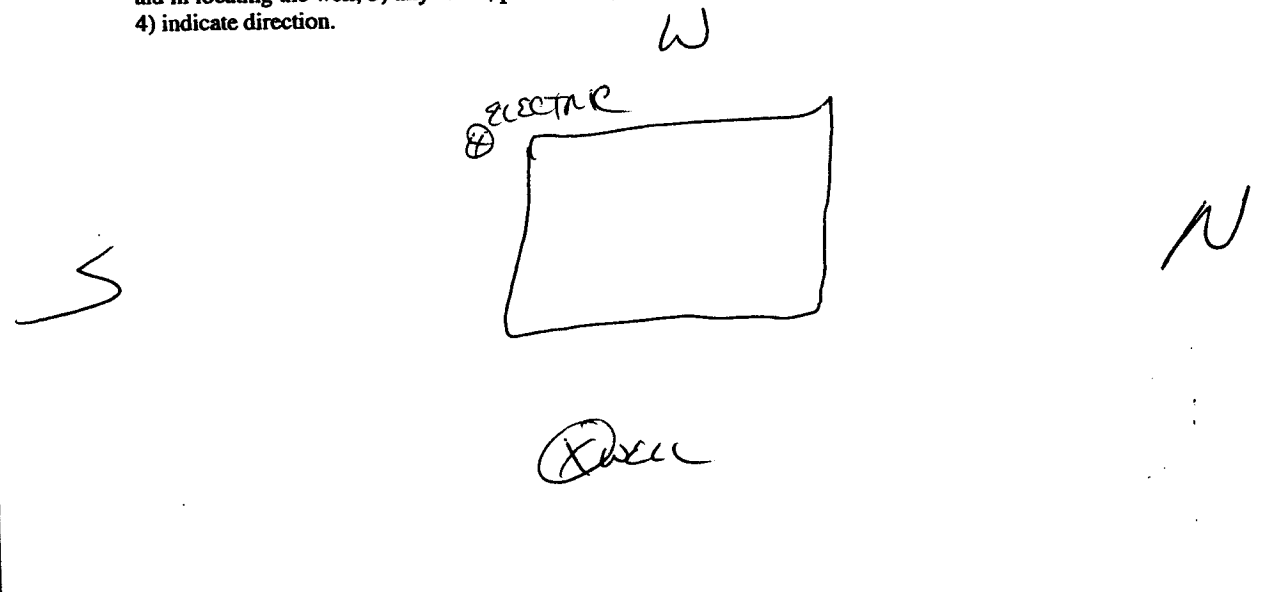
Ground Level

A large empty rectangular box for sketching the well telescopes and their depths.

Description of Formations Encountered	From	To
TOP SOIL	0	7
GRAVEL	7	26
WHITE CLAY	26	62
WHITE SAND	62	120

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: DENNIS BLAKELEY E

[Handwritten Signature]
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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: G-134

Elevation: _____

County: TATE

Permit #: _____

Driller: BOB SMITH

Date completed: 3-24-06

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>DEMUS BLAKEY</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>SENATORIA LAKES</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>SENATORIA, MS. 38668</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 11-25 Twn T55 Rng 27W</u>
Telephone No. <u>(601) 988-4934</u>	Distance Direction Nearest Town
	<u>1 1/2 Miles E of NEWTOWN</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<input checked="" type="radio"/> Electric Motor Hand <input type="radio"/> Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>3-24-06</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-24-06</u>	Air Line <input type="radio"/> <input checked="" type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>84</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>4</u> Feet Below Land Surface	Well yielded <u>14</u> GPM with a drawdown of
Test Pumping Rate: <u>14</u> Gallons Per Minute	<u>4</u> feet after _____ hours of pumping
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 0-645
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

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 APR 17 2006
 BY: OLWR