

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-142
 L. S. Elevation: _____
 E-log #: _____

County: TATE
 Permit #: _____
 Driller: BOB SMITH
 Date drilling completed: 8-23-06

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>ARAY DAY</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>Color Pond</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS |
| <u>213</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City: <u>COLUMPTON MS</u> State: <u>MS</u> Zip Code: <u>38618</u> | <u>1/4</u> <u>1/4</u> Sec <u>H-4</u> Twp <u>T55</u> Rng <u>R2W</u> |
| Telephone No. <u>(901) 351-8257</u> | Distance: <u>2</u> Miles Direction: <u>E</u> of Nearest Town: <u>Columpton</u> |

Well Data

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

Date well drilling started: 8-23-06 Date well drilling completed: 8-23-06

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 8-23-06

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

Hole depth: 220 Well depth: 220 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 210 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 1/4" BUS. inches Setting depth: From 210 feet to 220 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): WABPRO 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.

Print Name of Water Well Contractor and License No. Bob Smith 0645 Signature of Water Well Contractor [Signature]

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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)

County: Tate
 Permit #: _____
 Driller: BOB SMITH
 Date completed: 8-23-06

For Office Use Only:

Aquifer: _____
 Well #: G-142
 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>Larry Day</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>Crown Rd</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>S.P.</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>COUDWATER MS 38618</u> | _____ 1/4 _____ 1/4 Sec <u>14</u> Twn <u>T55</u> Rng <u>R7W</u> |
| City _____ State _____ Zip Code _____ | Distance _____ Direction _____ Nearest Town _____ |
| Telephone No. <u>(901) 351 8257</u> | <u>2</u> Miles <u>E</u> of <u>COUDWATER</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>3/4</u> |
| Date Pump Installed: <u>8-23-06</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>8-23-06</u> | Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape |
| Static Water Level (A): <u>80</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>83</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>3</u> Feet Below Land Surface | Well yielded <u>16</u> GPM with a drawdown of |
| Test Pumping Rate: <u>16</u> Gallons Per Minute | <u>3</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 0645 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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