

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-152
 L. S. Elevation: _____
 E-log #: _____

County: TATE
 Permit #: _____
 Driller: BOB SMITH
 Date drilling completed: 8-11-07

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>PAUL HONEY</u>	Latitude: _____ Longitude: _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: <u>PEYTON RD</u>	Method of Lat/Long (circle one): _____	USGS quad, Hand-held GPS, Survey-grade GPS	
<u>COLOMBA MS 38618</u>	1/4 _____ 1/4 Sec <u>C-5</u> Twn <u>T55</u> Rng <u>R7W</u>	Distance _____ Direction _____ Nearest Town _____	
City _____ State _____ Zip Code _____	Distance <u>2</u> Miles _____ Direction <u>E</u> of _____ Nearest Town <u>COLOMBA</u>		
Telephone No. <u>662 662-8073</u>			

Well Data

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

Date well drilling started: 8-11-07 Date well drilling completed: 8-11-07

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

Static Water Level: 110 feet above or below (circle one) land surface Date measured: 8-11-07

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

Hole depth: 155 Well depth: 155 Well grouted to a depth of 10

Type of grout (circle one): Cement Bentonite Mix

Casing length: 145 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 1/32 x 1/64 inches Setting depth: From 145 feet to 155 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): _____

RECEIVED
 SEP 13 2007
 BY: OLWR

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality under the Mississippi Department of Health regulations and state laws.

BOB SMITH 0645 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

G-152

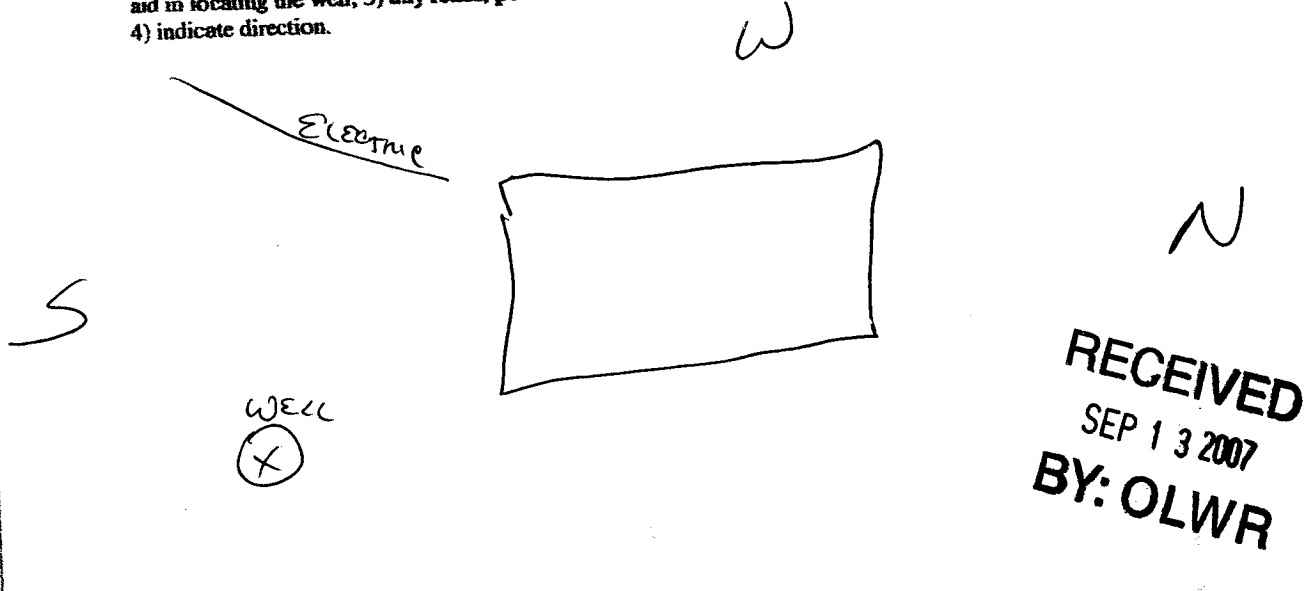
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Top Soil	0	5
Brown CLAY	5	29
Red Sand + Gravel	29	47
White CLAY	47	76
Grey CLAY	76	88
White CLAY + SAND	88	115
White SAND	115	150

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.



RECEIVED
 SEP 13 2007
 BY: OLWR

Landowner Name: PAUL Honey E

[Handwritten Signature]
 Signature of Water Well Contractor

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:

County: TATE
 Permit #: _____
 Driller: BOB SMITH
 Date completed: 8-11-07

Aquifer: _____
 Well #: G-152
 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>PAUL HONEY</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>DEYTON RD</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>COLOUA, MS 38618</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec C-5 Twn T55 Rng R7W</u>
Telephone No. <u>(662) 622-8013</u>	Distance Direction Nearest Town
	<u>2 Miles E of COLOUA AREA</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>8-11-07</u>	Setting Depth: <u>120</u>
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>11</u>

RECEIVED
 SEP 3 2007
 BY: OLWR

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-11-07</u>	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>110</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>115</u> Feet Below Land Surface	For flowing well, measured shrt in head: _____ feet
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	Well yielded <u>12</u> GPM with a drawdown of
Test Pumping Rate: <u>12</u> Gallons Per Minute	<u>5</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
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer