

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)954-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: G-159
L. S. Elevation: _____
E-log #: _____

County: TATE
Permit #: _____
Driller: BOB SMITH
Date drilling completed: 3/1/08

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>RUSTY PRICE</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>453 BOWNS FERRY RD</u>	Method of Lat/Long (circle one): Conventional Survey.		
<u>SEMPERVA, MS 38668</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
City State Zip Code	_____ 1/4 _____ 1/4 Sec. <u>H-27</u> Twn <u>T55</u> Rng <u>R7W</u>		
Telephone No. <u>662 501-6368</u>	Distance _____	Direction _____	Nearest Town _____
	<u>2/10</u> Miles	<u>N</u>	of <u>NEW TOWN</u>
Well Data			
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____			
Date well drilling started: <u>3-11-08</u>		Date well drilling completed: <u>3-11-08</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>40</u> feet above or below (circle one) land surface		Date measured: <u>3-11-08</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____			
Hole depth: <u>200</u>		Well depth: <u>200</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Concrete</u> Bentonite Mix			
Casing length: <u>190</u> feet		Casing diameter: <u>4</u> inches	
Screen length: <u>10</u> feet		Screen diameter: <u>4</u> inches	
Screen slot size: <u>13TPOUS</u> inches		Setting depth: From <u>190</u> feet to <u>200</u> feet	
Type of completion (circle all applicable): Gravel packed Unscreened Telescoped Open hole Natural Development			
Other (describe): <u>WASHED SAND</u>			
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 logs: _____			
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.			
<u>BOB SMITH</u>		<u>[Signature]</u>	
Print Name of Water Well Contractor and License No. <u>0645</u>		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-159

Elevation: _____

County: TATE
Permit #: _____
Driller: BOB SMITH
Date completed: 3-11-08

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>MUSTY PRICE</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>453 Browns Ford</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Sumner, MS.</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>H27</u> Twn <u>T55</u> Rng <u>R7W</u>
Telephone No. <u>662 501-6368</u>	Distance Direction Nearest Town
	<u>2/10</u> Miles <u>N</u> of <u>NEWTOWN</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>3-11-08</u>	Setting Depth: <u>60</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>3-11-08</u>	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>43</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
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

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