

State Well Report

Part 1

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39209-0631
 (601)961-5210
 (601)554-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: G-161
 L. S. Elevation: _____
 E-log #: _____

County: TMC
 Permit #: _____
 Driller: Bob Smith
 Date drilling completed: 4-4-08

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>JIMMY DIX</u>	Latitude: _____ Longitude: _____	Method of Lat/Long (circle one): Conventional Survey.	
Mailing Address: <u>GOLDEN CIRCLE</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
<u>CALDWELL, MS. 38618</u>	<u>1/4</u> <u>1/4</u> Sec. <u>H-4</u> Twn <u>T55</u> Rng <u>R2W</u>	Distance _____ Direction _____ Nearest Town _____	
City _____ State _____ Zip Code _____	<u>2</u> Miles <u>W</u> of <u>CALDWELL</u>		
Telephone No. <u>(701) 351-8257</u>			

Well Data

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

Date well drilling started: 4-4-08 Date well drilling completed: 4-4-08

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

Static Water Level: 57 feet above or below (circle one) land surface Date measured: 4-4-08

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

Hole depth: 170 Well depth: 170 Well grouted to a depth of 10 feet

Type of grout (circle one): Common Bentonite Mix

Casing length: 155 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 15 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 13710US inches Setting depth: From 155 feet to 170 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 under the Mississippi Department of Health regulations and state laws.

BOB SMITH 0-645 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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G-161

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
TOP SOIL	0	5
BROWN CLAY	5	18
GRAVEL	18	27
WHITE CLAY	27	90
FINE SAND + CLAY	90	140
WHITE SAND	140	170

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: LARRY DRY

[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)

County: TATE
 Permit #: _____
 Driller: BOB SMITH
 Date completed: 4-4-08

For Office Use Only:

Aquifer: _____
 Well #: G-161
 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 JAY</u> Mailing Address: <u>GOLD CIRCLE</u> <u>CENAUDEL, MS 38618</u> <small>City State Zip Code</small> Telephone No. <u>901 351-8257</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>14 14 Sec H-4 Twn T55 R2W</u> Distance Direction Nearest Town <u>2 Miles W of GOLDWATER</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> <u>Submersible</u> Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>4-4-08</u> Rated Pump Capacity: <u>12</u> Gallons Per Minute	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>3/4</u> Setting Depth: <u>80</u> feet Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-4-08</u> Static Water Level (A): <u>57</u> Feet Below Land Surface Pumping Water Level (B): <u>60</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>3</u> Feet Below Land Surface Test Pumping Rate: <u>14</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape <input type="checkbox"/> Other (specify): _____ For flowing well, measured static head: _____ feet Well yielded <u>14</u> GPM with a drawdown of <u>3</u> feet after _____ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

BOB SMITH 10-645 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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