

# State Well Report

Part 1

Mississippi Department of Environmental Quality

Office of Land and Water Resources

P.O. Box 2309  
Jackson, MS 39225

For Office Use Only
Aquifer: _____
Well #: <u>G-177</u>
L.S. Elevation: _____
E-Long #: _____

County: <u>TATE</u>
Permit #: _____
Driller: <u>BOB SMITH</u>
Date drilling complet: <u>7-2-13</u>

State Law requires that this report be prepared by the driller in detail and filled with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>JAMES BIGMAN</u>	Latitude: <u>34.39.16</u> "Longitude: <u>89.54.18</u> "
Mailing Address: <u>940 BILLINGSLEY</u> <u>RD</u> <u>COLLIER, MS 38688</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NW 1/4 NE 1/4 Sec 14 Twp 15S Rng 16W 7W</u>
Telephone No. <u>601 598-4188</u>	Distance: <u>4</u> Miles Direction: <u>N/E</u> of Nearest Town: <u>SENATOGA</u>

Well Data
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other _____
Date well drilling started: <u>7-2-13</u> Date well drilling completed: <u>7-2-13</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>25</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>7-2-13</u>
Method of Measurement (circle one) steel tape electric tape air line other: <u>LINE + WEIGHT</u>
Hole Depth: <u>135</u> Well depth: <u>135</u> Well grouted to a depth of <u>10</u> feet
Type of grout: (circle one): Cement <u>Bentonite</u> Mix
Casing length: <u>125</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>1/8 THOUS</u> inches Setting depth: From <u>125</u> feet to <u>135</u> feet
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____
Top of lap pipe or reduction incasing: _____ feet. If telescoped or more than one screen, describe on back
Logs run (circle one): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____

RECEIVED

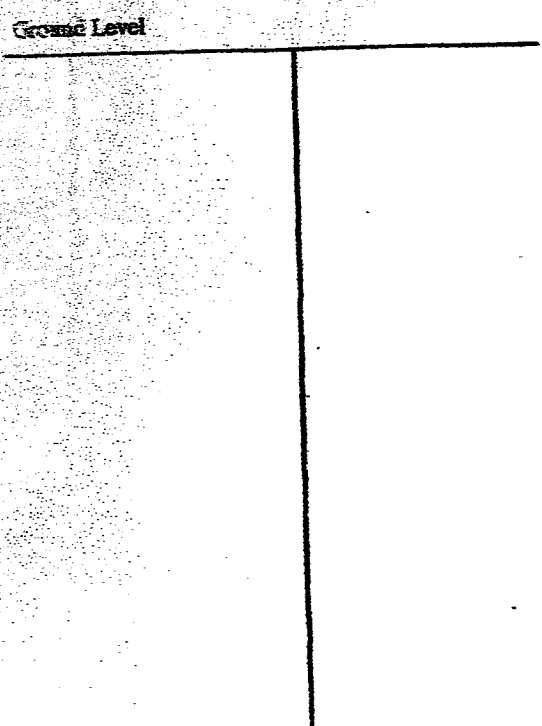
JUL 26 2013

I certify that the well 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.

<u>BOB SMITH 0645</u> Print name of Water Contractor and License No.	 Signature of Water Well Contractor
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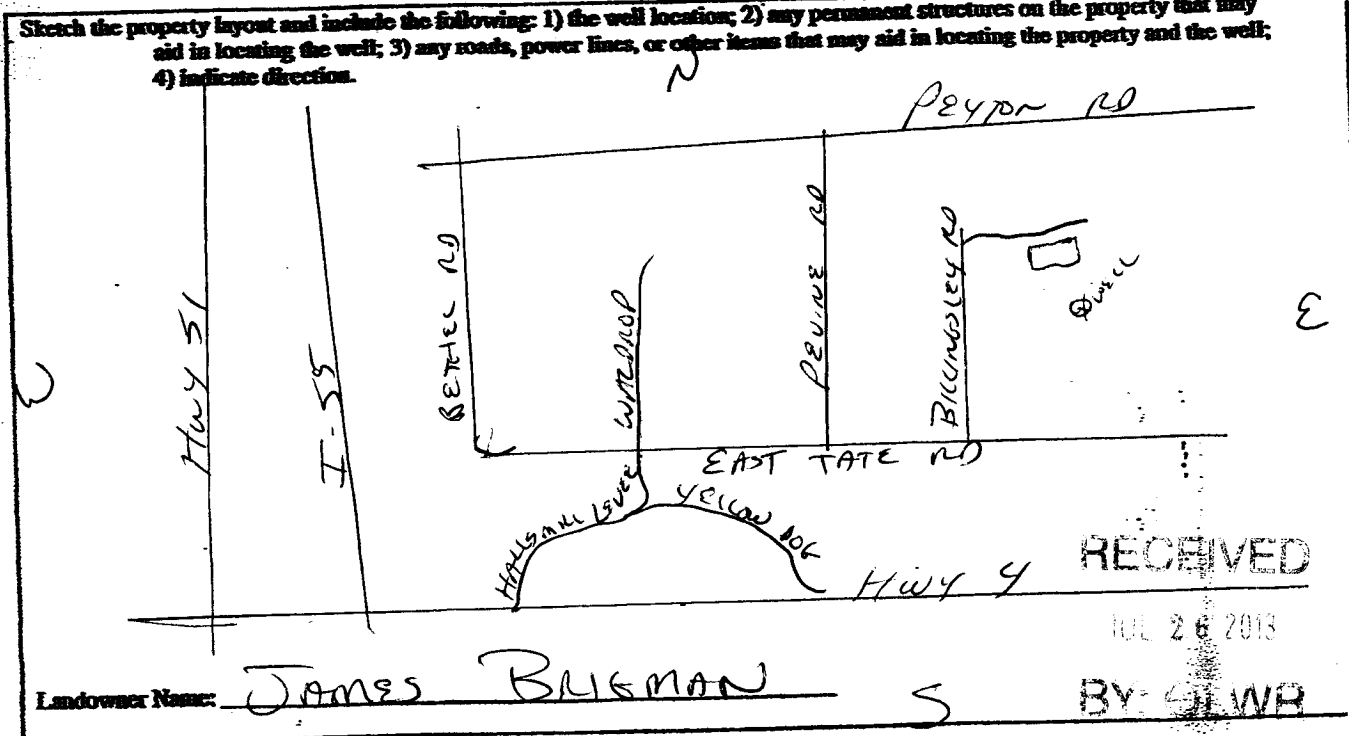
6177

If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
TOP SOIL	0	5
BROWN CLAY	5	12
REDDISH CLAY	12	20
GRANITE	20	26
WHITE CLAY	26	92
WHITE CLAY + SAND	92	110
WHITE SAND	110	135

If more than one screen, show location of each on sketch



# State Well Report

Part 2

## Pump Installer's Completion Report

Mississippi Department of Environmental Quality

Office of Land and Water Resources

P.O. Box 2309

Jackson, MS 39225

For Office Use Only

Aquifer: \_\_\_\_\_

Well #: 6177

Elevation: \_\_\_\_\_

County: <u>TATE</u>
Permit #: _____
Driller: <u>BOB SMITH</u>
Date completed: <u>7-2-13</u>

This report be prepared by the pump installer in detail and filled with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>JAMES BUCKMAN</u> Mailing Address: <u>940 BILLINGSLEY</u> <u>P.O.</u> <u>LOWLAND, MS. 38678</u> City      State      Zip Code Telephone No. <u>(901) 598-4188</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, survey grade GPS <u>1/4</u> <u>1/4</u> Sect <u>14</u> Twn <u>T55</u> Rng <u>26W</u> Distance                      Direction                      Nearest Town <u>4</u> miles <u>N/E</u> of <u>SEMPRICK</u>

Pump Type Circle one	Power Type Circle one
Air lift                      Jet <u>Submersible</u> Bucket                      Piston                      Turbine Centrifugal                      Rotary                      Flowing Well Other (specify): _____ Date Pump Installed: <u>7-2-13</u> Rated Pump Capacity: <u>10</u> gallons per min	Diesel Engine                      Gasoline Engine                      Natural Gas <u>Electric Motor</u> Hand                      Tractor PTO Windmill                      Other(specify): _____ Horse Power Rating of Motor: <u>3/4</u> Setting Depth: <u>60</u> feet Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: <u>7-2-13</u> Static Water Level(A): <u>25</u> feet below Land Surface Pumping Water Level(B): _____ feet below Land Surface Drawdown[(B)-(A)]: _____ feet below Land Surface Test Pumping Rate: <u>14</u> gallons per Minute Duration of Pump Test(minimum 4 hours): _____ hrs	Air Line                      Electric Measuring Line                      Steel Tape Other(specify): <u>LINE &amp; WEIGHT</u> For flowing well, measured shut in head: _____ feet Well yielded <u>14</u> GPM with a drawdown of _____ feet after _____ hours of pumping

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

<u>BOB SMITH 0-645</u> Print Name of Pump Installer and License No.	 Signature of Pump Installer
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JUL 26 2013  
BY: OLWR