

# 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 #: 6181

L.S. Elevation: \_\_\_\_\_

E-Long #: \_\_\_\_\_

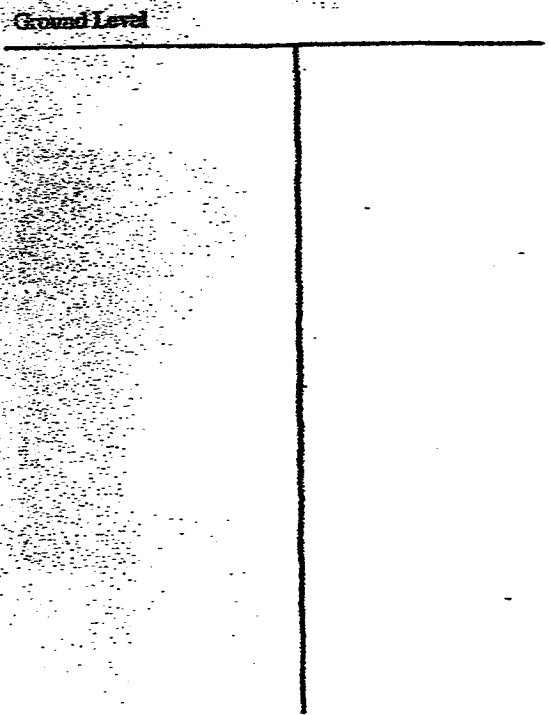
County: TATE  
Permit #: \_\_\_\_\_  
Driller: BOB SMITH  
Date drilling complet: 4-3-15

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>MICHAEL HARDY</u>	Latitude: <u>34°40'35.07" N</u> Longitude: <u>89°54'17.31" W</u>
Mailing Address: <u>5182 PLYMOUTH</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>OSWALDO, MS 38618</u>	<u>NW1/4 SE 1/4 Sect 2 Twn 155 Rng 27W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(901) 359-5606</u>	<u>3 Miles W of POAGVILLE</u>
Well Data	
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other _____	
Date well drilling started: <u>4-3-15</u> Date well drilling completed: <u>4-3-15</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>110</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>4-3-15</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>LINE + WEIGHT</u>	
Hole Depth: <u>175</u> Well depth: <u>175</u> Well grouted to a depth of <u>10</u> feet	
Type of grout: (circle one) Cement <u> Bentonite </u> Mix	
Casing length: <u>165</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>13 THOUS</u> inches Setting depth: From <u>165</u> feet to <u>175</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 casing: _____ 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): _____	
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 0-645</u>	<u>[Signature]</u>
Print name of Water Contractor and License No.	Signature of Water Well Contractor

G181

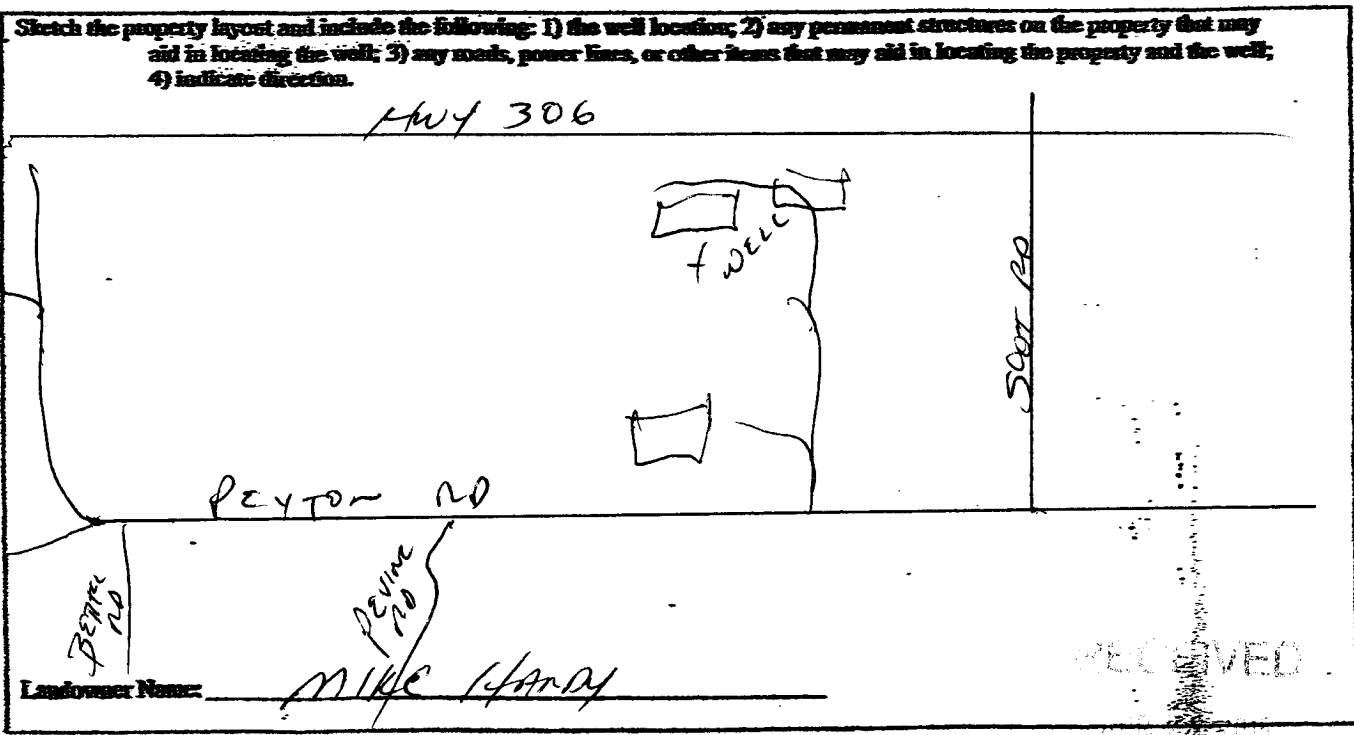
If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
TOP SOIL	0	5
BROWN CLAY	5	30
RED SAND & GRAVEL	30	100
GREEN CLAY	60	110
WHITE SAND + CLAY	110	140
WHITE SAND	140	175

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.



HWY 306

PEYTON RD

PERRY RD

PERRY RD

500

WELL

Landowner Name: MIKE HARDY

RECEIVED

BY: [signature]

# 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 #: 6781

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

County: TATE  
 Permit #: \_\_\_\_\_  
 Driller: BOB SMITH  
 Date completed: 4-3-15

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>MIKE HANOV</u>	Latitude: <u>34.483507<sup>N</sup></u> Longitude: <u>89.541731<sup>N</sup></u>
Mailing Address: <u>5189 Rockwood</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, survey grade GPS
<u>Corunna, MS 38618</u>	<u>NW 1/4 Sec. 1/4</u> <u>1/4</u> <u>Sec 12</u> <u>Twn 55</u> <u>Rng 12W</u>
City State Zip Code	
Telephone No. <u>(701) 359-5606</u>	Distance <u>3</u> miles Direction <u>W</u> Nearest Town <u>of POAKVILLE</u>

Pump Type Circle one	Power Type Circle one
Air lift      Jet <u>Submersible</u>	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston      Turbine	<u>Electric Motor</u> Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other(specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>4-3-15</u>	Setting Depth: <u>130</u> feet
Rated Pump Capacity: <u>20</u> gallons per min	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: <u>4-3-15</u>	Air Line      Electric Measuring Line      Steel Tape
Static Water Level(A): <u>110</u> feet below Land Surface	Other(specify): <u>LINE + WEIGHT</u>
Pumping Water Level(B): _____ feet below Land Surface	
Drawdown[(B)-(A)]: _____ feet below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>22</u> gallons per Minute	Well yielded <u>22</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Duration of Pump Test(minimum 4 hours): _____ hrs	

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.      Signature of Pump Installer

RECEIVED  
 APR 15 2015  
 BY: [Signature]