

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 #: H-134
L. S. Elevation: _____
E-log #: _____

County: TATTIE
Permit #: _____
Driller: F LANGFORD
Date drilling completed: 8-01-05

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>Ricky Burke</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Crockett Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>SENATOBIA MS</u>	_____ 1/4 _____ 1/4 Sec <u>36</u> Twn <u>59</u> Rng <u>6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (____) _____	<u>15</u> Miles <u>12</u> of <u>SENATOBIA</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 7-21-05 Date well drilling completed: _____
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 60' feet above or below (circle one) land surface Date measured: 8-01-05
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 140 Well depth: 140' Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 140 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC SLOTTED PVC
Screen slot size: .013 inches Setting depth: From 130 feet to 140 feet
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe): _____

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 and/or the Mississippi Department of Health regulations and state laws.

FRANK LANGFORD 0-622
Print Name of Water Well Contractor and License No.

Frank Langford
Signature of Water Well Contractor

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AUG 24 2005

BY: OLWF

H134

If well telescopes please sketch below and show depths.

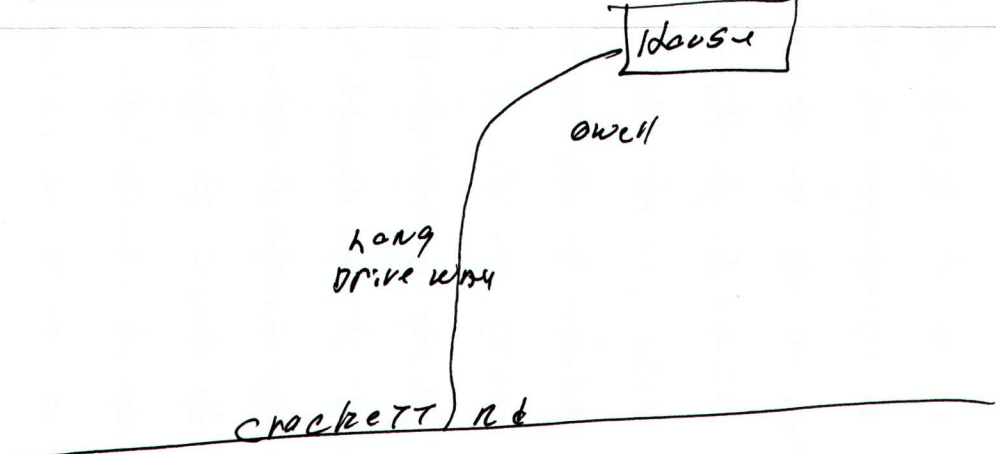
Ground Level

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Description of Formations Encountered	From	To
DIRT	0	20
Red/sand	20	40
w/clay	40	70
w/sand	70	140

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: Ricky Burke

Frank Langford
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 #: H134

Elevation: _____

County: TATT
Permit #: _____
Driller: R LANGFORD
Date completed: 8-01-05

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>RICKY BURKE</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>CRACKETT RD</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>SENA TOBIA MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 36 Twn 5S Rng 6W</u>
Telephone No. (____)	Distance Direction Nearest Town
	<u>1.5 Miles E of SENATOBI MS</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>34</u>
Date Pump Installed: <u>8-01-05</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-01-05</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>69</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface	Well yielded <u>15+</u> GPM with a drawdown of
Test Pumping Rate: <u>15</u> Gallons Per Minute	<u>5</u> feet after <u>4 1/2</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4 1/2</u> hours	

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

FRANK LANGFORD 0-622
Print Name of Pump Installer and License No. (if applicable)

Frank Langford
Signature of Pump Installer

RECEIVED
AUG 24 2005
BY: OLWR