

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 #: H172

L.S. Elevation: _____

E-Long #: _____

County: TATE
 Permit #: _____
 Driller: BOB SMITH
 Date drilling complet: 7-22-11

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>LYNN PEOPLES</u>		Latitude: <u>34° 37' 40"</u> Longitude: <u>89° 46' 37"</u>	
Mailing Address: <u>OLD HWY 4 EAST</u> <u>SENATOSA MS 38668</u>		Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS	
City: _____ State: _____ Zip Code: _____	Distance: _____	Direction: _____	Nearest Town: _____
Telephone No. <u>662</u> <u>292-3145</u>	<u>1/4</u> Miles <u>W</u> of <u>BARR</u>		
Well Data			
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other _____			
Date well drilling started: <u>7-22-12</u>		Date well drilling completed: <u>7-22-12</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>78</u> feet above or <u>below</u> (circle one) land surface		Date measured: <u>7-23-12</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>LINE + WEIGHT</u>			
Hole Depth: <u>160</u>		Well depth: <u>160</u> Well grouted to a depth of <u>10</u> feet	
Type of grout: (circle one) <u>Cement</u> Bentonite Mix			
Casing length: <u>140</u> feet		Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</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>140</u> feet to <u>160</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): _____			
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.			
Print name of Water Contractor and License No. <u>BOB SMITH 0-645</u>		Signature of Water Well Contractor <u>[Signature]</u>	

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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 2309
Jackson, MS 39225

For Office Use Only

Aquifer: _____
Well #: H172
Elevation: _____

County: TATE
Permit #: _____
Driller: BOB SMITH
Date completed: 7-23-12

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>LYNN PEOPLES</u>	Latitude: <u>34-37-40</u> Longitude: <u>89-46-37</u>
Mailing Address: <u>OCA HWY 9 EAST</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>SEMOSIA, MS 38668</u>	USGS quad, Hand-held GPS, survey grade GPS
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 1-24 Twn 155 Rng 16W</u>
Telephone No. <u>(662) 292-3145</u>	Distance <u>1/4</u> miles Direction <u>W</u> Nearest Town of <u>Bona</u>

Pump Type	Power Type
Circle one	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 1/2</u>
Date Pump Installed: <u>7-23-12</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>70</u> gallons per min	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>7-23-12</u>	circle one
Static Water Level(A): _____ feet below Land Surface	Air Line Electric Measuring Line Steel Tape
Pumping Water Level(B): _____ feet below Land Surface	Other(specify): <u>LOWER WERQUEST</u>
Drawdown[(B)-(A)]: _____ feet below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>26</u> gallons per Minute	Well yielded <u>26</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 0-645
Print Name of Pump Installer and License No.

[Signature]
Signature of Pump Installer

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