

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 #: H 175

L.S. Elevation: _____

E-Long #: _____

County: <u>TALPE</u>
Permit #: _____
Driller: <u>BOB SMROT</u>
Date drilling complet: <u>5-4-12</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>RALPH DANRIDGE</u>	Latitude: <u>34° 37' 40"</u> Longitude: <u>89° 49' 11"</u>
Mailing Address: <u>367 DANRIDGE DR. SE-MSIA, MS 38668</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE 1/4 SW 1/4 Sec 22 Twn T55 Rng R6W</u>
Telephone No. <u>(662) 501-9906</u>	Distance: <u>2</u> Miles <u>NE</u> Direction of <u>ROXFORD, MS</u> Nearest Town
Well Data	
Purpose of Well (circle one) <input checked="" type="radio"/> Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture <input type="radio"/> Other _____	
Date well drilling started: <u>5-4-12</u> Date well drilling completed: <u>5-4-12</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>48</u> feet above or <input checked="" type="radio"/> below (circle one) land surface Date measured: _____	
Method of Measurement (circle one) <input type="radio"/> steel tape <input type="radio"/> electric tape <input type="radio"/> air line <input checked="" type="radio"/> other: <u>LINE + WEIGHT</u>	
Hole Depth: <u>140</u> Well depth: <u>140</u> Well grouted to a depth of <u>10</u> feet	
Type of grout: (circle one) <input checked="" type="radio"/> Cement <input type="radio"/> Bentonite <input type="radio"/> Mix	
Casing length: <u>120</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>120</u> feet to <u>140</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> 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): <input type="radio"/> No log run <input type="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> Neutron <input type="radio"/> 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 SMROT 0-645</u>	Signature of Water Well Contractor <u>[Signature]</u> RECEIVED MAY 23 2012

BY: OLWR

Ground Level

Description of Formations Encountered	From	To
TOP SOIL	0	5
RED CLAY	5	18
WHITE SAND CLAY	18	40
WHITE CLAY	40	90
WHITE SAND	90	190

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: KAREN DANRIDGE S

[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 2309

Jackson, MS 39225

For Office Use Only

Aquifer: _____

Well #: H175

Elevation: _____

County: <u>TATE</u>
Permit #: _____
Driller: <u>BOB SMITH</u>
Date completed: <u>5-4-12</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>Ralph Darnidge</u> Mailing Address: <u>367 Darnidge Dr. Selucia, MS 38668</u> City State Zip Code Telephone No. <u>(662) 501-9906</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey <input type="radio"/> USGS quad, Hand-held GPS, survey grade GPS <u>1/4 1/4 Sec 22 Twn 35 Rng 16W</u> Distance Direction Nearest Town <u>2 miles N/E of COXMI</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>5-4-12</u> Rated Pump Capacity: <u>10</u> gallons per min	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill Other(specify): _____ Horse Power Rating of Motor: <u>3/4</u> Setting Depth: <u>80</u> feet Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: <u>5-4-12</u> Static Water Level(A): <u>98</u> feet below Land Surface Pumping Water Level(B): _____ feet below Land Surface Drawdown((B)-(A)): _____ feet below Land Surface Test Pumping Rate: <u>16</u> gallons per Minute Duration of Pump Test(minimum 4 hours): _____ hrs	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape Other(specify): <u>LINE + WEIGHT</u> For flowing well, measured shut in head: _____ feet Well yielded <u>16</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 0645</u> Print Name of Pump Installer and License No.	 Signature of Pump Installer

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MAY 23 2012
BY: OLWR