

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>H177</u>
L.S. Elevation: _____	E-Long #: _____

County: <u>TATE</u>
Permit #: _____
Driller: <u>BOB SMITH</u>
Date drilling complet: <u>11-8-12</u>

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>MAJON LOVE</u>	Latitude: <u>34.39.23</u> " Longitude: <u>89.51.31</u> "						
Mailing Address: <u>4909 EAST TATE RD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS						
<table style="width: 100%; border: none;"> <tr> <td style="border: none;"><u>COVINGTON</u></td> <td style="border: none;"><u>MS</u></td> <td style="border: none;"><u>38714</u></td> </tr> <tr> <td style="border: none; font-size: small;">City</td> <td style="border: none; font-size: small;">State</td> <td style="border: none; font-size: small;">Zip Code</td> </tr> </table>	<u>COVINGTON</u>	<u>MS</u>	<u>38714</u>	City	State	Zip Code	SE 1/4 SW 1/4 Sec 1-8 Twn 135 Rng 16W
<u>COVINGTON</u>	<u>MS</u>	<u>38714</u>					
City	State	Zip Code					
Telephone No. <u>(662) 288-0121</u>	Distance: <u>3</u> Miles Direction: <u>N/W</u> of <u>COVINGTON</u>						

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>11-8-12</u> Date well drilling completed: <u>11-9-12</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>80</u> feet above or <input checked="" type="radio"/> below (circle one) land surface Date measured: <u>11-9-12</u>
Method of Measurement (circle one) steel tape electric tape air line other: <u>LINE + WEIGHT</u>
Hole Depth: <u>210</u> Well depth: <u>210</u> Well grouted to a depth of <u>10</u> feet
Type of grout: (circle one): Cement <input checked="" type="radio"/> Bentonite <input type="radio"/> Mix
Casing length: <u>200</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>200</u> feet to <u>210</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): No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> 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> Print name of Water Contractor and License No.	 Signature of Water Well Contractor
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BY: OLWR

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 #: H177

Elevation: _____

County: <u>TAL</u>
Permit #: _____
Driller: <u>BOB SMITH</u>
Date completed: <u>11-9-12</u>

This report be prepared by the pump installer 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>MAJOR LOVE</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>4909 EAST TATE RD</u>	Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, survey grade GPS
<u>CINDY MS 38618</u>	<u>SE 1/4 SW 1/4 Sec 1-8 Twn 133 Rng 16W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 288-0121</u>	<u>3</u> miles <u>N/W</u> of <u>LOXLEY MS</u>

Pump Type Circle one	Power Type Circle one
Air lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other(specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>11-9-12</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>10</u> gallons per min	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: <u>11-9-12</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level(A): <u>30</u> feet below Land Surface	Other(specify): <u>LINE + WEIGHT</u>
Rumping Water Level(B): _____ feet below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown((B)-(A)): _____ feet below Land Surface	Well yielded <u>12</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>12</u> gallons per Minute	
Duration of Pump Test(minimum 4 hours): _____ hrs	

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

<u>BOB SMITH 0-645</u>	<u>[Signature]</u>
Print Name of Pump Installer and License No.	Signature of Pump Installer

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