

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 #: H181
 U.S. Elevation: _____
 E-Log #: _____

County: JACKSON
 Permit #: _____
 Driller: BOB SMITH
 Date drilling complet: 1-21-14

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>SARAH BUNNYSIDE</u> Mailing Address: <u>441 LAWRENCE RD</u> <u>OSWATER, MS 38618</u> City State Zip Code Telephone No. <u>(662) 689-0280</u>	Latitude: <u>34° 40' 26.4"</u> Longitude: <u>89° 52' 12"</u> Method of Lat/Long (circle one): <u>Conventional Survey,</u> <u>USGS quad, Hand-held GPS, Survey-grade GPS</u> <u>SW 1/4 SE 1/4 Sec 6 Twp 15S R6W</u> Distance Direction Nearest Town <u>1/2 Miles S/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>1-21-14</u> Date well drilling completed: <u>1-21-14</u> If flowing, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>90</u> feet above or below (circle one) land surface Date measured: <u>1-21-14</u> Method of Measurement (circle one) steel tape electric tape air line other: <u>LINE + WEIGHT</u> Hole Depth: <u>185</u> Well depth: <u>185</u> Well grouted to a depth of <u>10</u> feet Type of grout: (circle one) Cement <u>Bestonite</u> Mix Casing length: <u>165</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>1/32 THOUS</u> inches Setting depth: From <u>165</u> feet to <u>185</u> feet Type of completion (circle all applicable): <u>Gravel packed</u> Unscreened 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 D-645</u> <u>[Signature]</u> RECEIVED Print name of Water Contractor and License No. Signature of Water Well Contractor	

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34.674

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 #: H: 181
Elevation: _____

County: TATE
Permit #: _____
Driller: BOB SMITH
Date completed: 1-21-14

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>SARAH BURNSIDE</u>	Latitude: <u>34°46'26.4"</u> Longitude: <u>-89°52'12"</u>
Mailing Address: <u>441 LAUREL RD</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>COLUMBIA, MS 38618</u>	USGS quad, Hand-held GPS, survey grade GPS
City State Zip Code	<u>SW 1/4 SE 1/4 Sec 6 Twn 155 Rng 16W</u>
Telephone No. <u>(662) 689-0280</u>	Distance <u>1/2</u> miles Direction <u>3/4 W</u> Nearest Town <u>POAGVILLE</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>3/4</u>
Date Pump Installed: <u>1-21-14</u>	Setting Depth: <u>120</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>1-21-14</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level(A): <u>90</u> feet below Land Surface	Other(specify): <u>LINE & WEIGHT</u>
Pumping 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.

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

RECEIVED

BY: OLWR