

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 #: J-76
 L. S. Elevation: _____
 B-log #: _____

County: TATE
 Permit #: _____
 Driller: Bob Smoot
 Date drilling completed: 11-19-07

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>Dennis Pauch</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>2340 BETT TOWN</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey |
| <u>Belmont MS 38618</u> | <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | <u>1/4</u> <u>1/4</u> Sec. <u>J-5</u> Twp. <u>T55</u> Rng. <u>R5W</u> |
| Telephone No. <u>662 562-7627</u> | Distance: _____ Direction: _____ Nearest Town: _____ |
| | <u>1/4</u> Miles <u>S</u> of <u>BETT</u> |

Well Data

Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 11-19-07 Date well drilling completed: 11-19-07

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 45 feet above below (circle one) land surface Date measured: 11-19-07

Method of Measurement (circle one): steel tape electric tape air line other: _____

Hole depth: 125 Well depth: 125 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 115 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 1/32000 inches Setting depth: From 115 feet to 125 feet

Type of completion (circle all applicable): Gravel packed Unscreened Telescoped Open hole Natural Development

Other (describe): WASHED SAND

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.

Bob Smoot 0-645
 Print Name of Water Well Contractor and License No.

[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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: TATE
 Permit #: _____
 Driller: BOB SMITH
 Date completed: 11-19-07

For Office Use Only:

Aquifer: _____
 Well #: J-76
 Elevation: _____

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>DEAN'S PAULK</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>2340 BETT</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>TRIVANTIA</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>OSWALD MS 3868</u> | _____ 1/4 _____ 1/4 Sec. <u>J-5</u> Twp <u>T55</u> Rng <u>R5W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>662 562-7627</u> | <u>1/4</u> Miles <u>S</u> of <u>BETT</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>3/4</u> |
| Date Pump Installed: <u>11-19-07</u> | Setting Depth: <u>80</u> feet |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute | Number of Stages: <u>11</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|--|
| Date Well Tested: <u>11-19-07</u> | Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input type="radio"/> Steel Tape <input type="radio"/> |
| Static Water Level (A): <u>45</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>48</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>3</u> Feet Below Land Surface | Well yielded <u>14</u> GPM with a drawdown of |
| Test Pumping Rate: <u>14</u> Gallons Per Minute | <u>3</u> feet after _____ hours of pumping |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

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. (if applicable) Signature of Pump Installer

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