

State Well Report

Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10031
Jackson, MS 39209-0031
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: J-80
L.S. Elevator: _____
E-log #: _____

County: TATE
Permit #: _____
Driller: BOB SMITH
Date drilling completed: 7-8-08

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>PEGGY SIGLER</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>149 WYATT LOOP</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>SEAMORIA, MS. 38668</u>	W _____ N _____ Sec <u>J-14</u> Twp <u>T55</u> Rng <u>R5W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>664 560-4473</u>	<u>1.8</u> Miles <u>N</u> of <u>WYATT</u>

Well Data

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

Date well drilling started: 7-8-08 Date well drilling completed: 7-8-08

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

Static Water Level: 125 feet above or below (circle one) land surface Date measured: 7-9-08

Method of Measurement (circle one): steel tape electric tape air line other: LINE + WEIGHT

Hole depth: 185 Well depth: 185 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 175 feet Casing diameter: 4 inches Type of casing: PC

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

Screen slot size: 13 THOUS inches Setting depth: From 175 feet to 185 feet

Type of completion (circle all applicable): Gravel packed Unstimulated Telescoped Open hole Natural Development
Other (describe): WASHER SAND

Top of log 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 logs: _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality under the Mississippi Department of Health regulations and state laws.

Print Name of Water Well Contractor and License No. BOB SMITH 0645 Signature of Water Well Contractor: [Signature] RECEIVED
JUL 7 2008

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

County: TATE
 Permit #: _____
 Driller: BOB SMITH
 Date completed: 7-8-08

For Office Use Only:

Aquifer: _____
 Well #: J-80
 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.

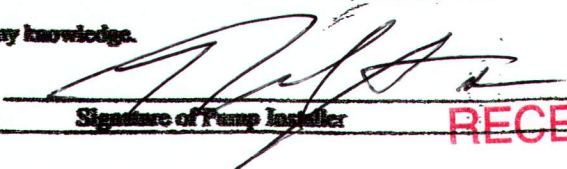
Well Owner Information	Well Location
Owner Name: <u>PEGGY SIGLEN</u> Mailing Address: <u>149 WYATT LOOP</u> <u>SEMOGA, MS. 38668</u> <small>City State Zip Code</small> Telephone No. <u>(662) 560-4473</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey. USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec. <u>J-14</u> Twn <u>T55</u> Rng. <u>R5W</u> Distance Direction Nearest Town <u>1/8</u> Miles <u>N</u> of <u>WYATT</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <input checked="" type="radio"/> Submersible Bucket Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> Other (specify): _____ Date Pump Installed: <u>7-9-08</u> Rated Pump Capacity: <u>12</u> Gallons Per Minute	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> <input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>3/4</u> Setting Depth: <u>140</u> feet Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-9-08</u> Static Water Level (A): <u>125</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown ((B) - (A)): _____ Feet Below Land Surface Test Pumping Rate: <u>11</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/> Other (specify): <u>LINE + WEIGHT</u> For flowing well, measured shot in head: _____ feet Well yielded <u>11</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.

BOB SMITH 0645
 Print Name of Pump Installer and License No. (if applicable)


 Signature of Pump Installer

RECEIVED
 JUL 21 2008
 BY: OLWR