

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 #: L-42
 L. S. Elevation: _____
 B-log #: _____

County: TATE
 Permit #: _____
 Driller: BOB SMITH
 Date drilling completed: 1-28-08

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>Larry Housey</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>5284 OAK GROVE</u>	Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey
<u>HEARNING, MS. 38632</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>1-4</u> Twp <u>T6S</u> Rng <u>R8W</u>
Telephone No. <u>662 429-4909</u>	Distance: _____ Direction: _____ Nearest Town: _____
	<u>4</u> Miles <u>SW</u> of <u>JENATTA</u>

Well Data

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

Date well drilling started: 1-28-08 Date well drilling completed: 1-28-08

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

Static Water Level: 105 feet above below (circle one) land surface Date measured: 1-28-08

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

Hole depth: 225 Well depth: 225 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 215 feet Casing diameter: 4 inches Type of casing: OLWR

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

Screen slot size: 13 MESH inches Setting depth: From 215 feet to 225 feet

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

Other (describe): 13 MESH 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 logs: _____

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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.

BOB SMITH 0645
 Print Name of Water Well Contractor and License No.

[Signature]
 Signature of Water Well Contractor

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: ITOE
 Permit #: _____
 Driller: BOB SMITH
 Date completed: 1-28-08

For Office Use Only:

Aquifer: _____
 Well #: L-42
 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>LARRY HENNEY</u> Mailing Address: <u>5284 ORN GROVE</u> <u>HOWARD, MS. 38637</u> <small>City State Zip Code</small> Telephone No. <u>662 429-4909</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>14</u> ¹⁴ Sec <u>L-4</u> Twn <u>T6S</u> Rng <u>R8W</u> Distance Direction Nearest Town <u>4</u> Miles <u>SW</u> of <u>SEMATOBIA</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="radio"/> <u>Submersible</u> 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>1-28-08</u> Rated Pump Capacity: <u>20</u> Gallons Per Minute	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (specify): _____ Horse Power Rating of Motor: <u>1 1/2</u> Setting Depth: <u>120</u> feet Number of Stages: <u>14</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-28-08</u> Static Water Level (A): <u>105</u> Feet Below Land Surface Pumping Water Level (B): <u>111</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>6</u> Feet Below Land Surface Test Pumping Rate: <u>23</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input type="radio"/> Steel Tape <input type="radio"/> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>230</u> GPM with a drawdown of <u>206</u> 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]
 Signature of Pump Installer