

State Well Report

Part 1

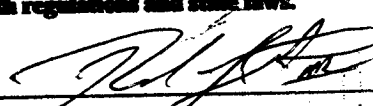
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: M-48
L. S. Elevation: _____
B-log #: _____

County: TATE
Permit #: _____
Driller: BOB SMITH
Date drilling completed: 10/4/06

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>JIM ARINGTON</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1222 WALK HURD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>CO. DUMAS, MS. 38678</u>	<u>1/4 1/4 Sec M-15 Twn T60 Rng R7W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 562-2600</u>	<u>5 Miles S/E of SENATOBIA</u>
Well Data	
Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>10-4-06</u> Date well drilling completed: <u>10-4-06</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>60</u> feet above or below (circle one) land surface Date measured: <u>10-4-06</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Hole depth: <u>151</u> Well depth: <u>151</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>131</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</u> inches Setting depth: From <u>131</u> feet to <u>151</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development	
Other (describe): <u>WASHED SAND</u>	
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 under the Mississippi Department of Health regulations and state laws.	
<u>BOB SMITH 0645</u>	
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
TOP SOIL	0	5
RED CLAY	5	17
GRAVEL	17	76
WHITE CLAY	76	107
WHITE SAND -> CLAY	107	130
WHITE SAND	130	151

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.

Landowner Name: Jim Armstrong



 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: 10/4/06

For Office Use Only:

Aquifer: _____
 Well #: M-48
 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>DIM ARINGTON</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1222 WALK HILL RD.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>OSWATER, MS. 38618</u>	_____ 1/4 _____ 1/4 Sec. <u>M15</u> Twn <u>T65</u> Rng <u>R7W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 562-2600</u>	<u>5</u> Miles <u>S/E</u> of <u>SENATODIA</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>1 1/2</u>
Date Pump Installed: <u>10/4/06</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10/4/06</u>	Air Line <input checked="" type="radio"/> Electric Measuring Line Steel Tape
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>65</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	Well yielded <u>27</u> GPM with a drawdown of
Test Pumping Rate: <u>27</u> Gallons Per Minute	<u>5</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 0645
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

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