

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 #: M61

L.S. Elevation: _____

E-Long #: _____

County: TATE
Permit #: _____
Driller: Bob Smith
Date drilling complet: 6-28-09

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>KEITH MURPHY</u> | Latitude: <u>34° 34' 46"</u> | Longitude: <u>89° 54' 05"</u> | |
| Mailing Address: <u>P.O. Box 1278</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS | | |
| <u>SENATUBIA, MS 38668</u> | <u>NE 1/4</u> | <u>NE 1/4</u> | Sec <u>041</u> Twn <u>T6S</u> Rng <u>R7W</u> |
| City State Zip Code | Distance | Direction | Nearest Town |
| Telephone No. <u>662 567-6316</u> | <u>5</u> Miles | <u>S/E</u> of | <u>SENATUBIA</u> |
| Well Data | | | |
| Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other <u>Other</u> | | | |
| Date well drilling started: <u>6-28-09</u> | | Date well drilling completed: <u>6-28-09</u> | |
| If flowing, method of flow regulation: Valve _____ Other (describe) _____ | | | |
| Static Water Level: <u>15</u> feet above or below (circle one) land surface Date measured: <u>6-29-09</u> | | | |
| Method of Measurement (circle one) steel tape electric tape air line other: <u>LINE + WEIGHTS</u> | | | |
| Hole Depth: <u>155</u> Well depth: <u>155</u> Well grouted to a depth of <u>10</u> feet | | | |
| Type of grout: (circle one): <u>Cement</u> Bentonite Mix | | | |
| Casing length: <u>125</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u> | | | |
| Screen length: <u>30</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u> | | | |
| Screen slot size: <u>13 TENS.</u> inches Setting depth: From <u>125</u> feet to <u>155</u> feet | | | |
| Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed 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</u> <u>0645</u> | | <u>[Signature]</u> | |
| Print name of Water Contractor and License No. | | Signature of Water Well Contractor | |

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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 #: M 61

Elevation: _____

| |
|--------------------------------|
| County: <u>TATE</u> |
| Permit #: _____ |
| Driller: <u>Bob Smith</u> |
| Date completed: <u>6-29-09</u> |

This report be prepared by the pump installer 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>KEITH MURPHY</u> | Latitude: <u>34° 34' 46"</u> Longitude: <u>89° 54' 05"</u> |
| Mailing Address: <u>P.O. Box 1278</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>SEMPRICK, MS 38668</u> | <u>USGS quad, Hand-held GPS, survey grade GPS</u> |
| City State Zip Code | <u>NE 1/4 NE 1/4 Sec 111 Twn 76S Rng R2W</u> |
| Telephone No. <u>(662) 562-6316</u> | Distance Direction Nearest Town |
| | <u>5 miles S/E of SEMPRICK</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air lift Jet <input checked="" type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other(specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>5</u> |
| Date Pump Installed: <u>6-29-09</u> | Setting Depth: <u>80</u> feet |
| Rated Pump Capacity: <u>50</u> gallons per min | Number of Stages: <u>16</u> |

| Pump Test Data | Method of Measuring Water Level circle one |
|--|---|
| Date Well Tested: <u>6-29-09</u> | Air Line Electric Measuring Line Steel Tape |
| Static Water Level(A): <u>15</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>78</u> GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>78</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. | |
| <u>Bob Smith 0645</u> | |
| Print Name of Pump Installer and License No. | Signature of Pump Installer |

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BY: OLWR