N
County: TATE
Permit #:
Driller: BOB Sm 107-1
Date drilling complet: 5-16-10

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State Well Report

Part 1

Mississippi Department of Environmental Quality

P.O. Box 2309 Jackson, MS 39225

Office of Land and Water Resources

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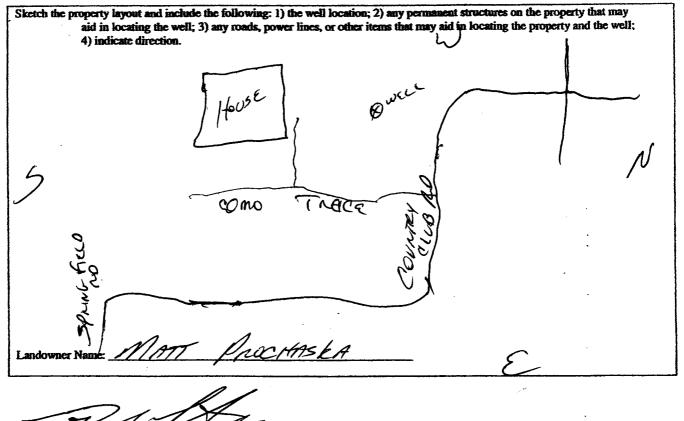
State Law requires that this report be prepared by the driller in detail and filled will the Department within 30 days of completion of drilling of the well.

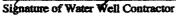
Well Owner Information	Well Location
Iwner Name: MATT PROCHASKA	Latitude: <u>34.33.44</u> "Longitude: <u>89.55.31</u> "
Mailing Address: 108 Como TANCE M.	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
SENTRICIA MS STUGS	48 1/4 NW 1/4 Seg21-15 Twn 765 Rng R7W
City State Zip Cod	e Distance Direction Nearest Town
elephone No. 689-0410	4 Miles S/E of SENATOBIA
	ll Data
urpose of Well (circle one) Home Industrial Pub	lic Supply Irrigation Fish Culture Other
Pate well drilling started: 5-16-10 [Date well drilling completed: <u>5-16-10</u>
flowing, method of flow regulation: Valve	Other (describe)
	(circle one) land surface Date measured: 5-16-10
	electric tape air line other: $\frac{1}{102 + 6} \frac{1}{6} $
ole Depth: 165 Well depth: 165 W	Well grouted to a depth of feet
ype of grout: (circle one): Cement Bentoni	ite Mix
asing length: <u>145</u> feet Casing diameter:	inches Type of casing:
reen length: 20 feet Screen diameter:	
creen slot size: <u>/3 70605</u> inches Setting	g depth: From <u>145</u> feet to <u>65</u> feet
ype of completion(circle all applicable): (irravel packed Un Other (describe):	iderreamed Telescoped Open hole Natural Development
op of lap pipe or reduction incasing:feet.	If telescoped or more than one screen, describe on back
ogs run(circle one): No log run Electric Gamma Ra	ay Density Sonic Neutron Other:
ame of oorganization running log(s):	
ertify that the well drilled, constructed, and completed in ac	cordance with all applicable requirments of the Mississippi
partment of Environmental Quality and/or the Mississippi	Department of Health regulations and state laws
1503 mon 0645	The and a
nt name of Water Contractor and License No.	Signature of Water Well Contractor

• •	-	mlaz	-	
Level		Description of Formations Encountered	From	To
		TOP SOIL		12
		BROWN CIAY	5	18
		GANEL	18	30
		WITHE CIM	30	90
		Utthe Start CIAY	90	130
		WATE SAD	130	165
			<u> </u>	
			_	<u> </u>
			-	

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

Ground







m	6	2-
	_	

County: TATE	
Permit #:	
Driller: 303 Smith	
Date completed: 5-16-10	

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 #:_____
Elevation:_____

This report be prepared by the pump installer in detail and filled will the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: MATT PROCKASKA	Latitude:Longitude:
Mailing Address: 108 Como Tranc A.	Method of Lat/Long (circle one): Conventional Survey
SEMTOGIA MS. 38668 City State Zip Code	USGS quad, Hand-held GPS, survey grade GPS 1/41/4 Sec <u>(11-15</u> Twn765 Rng <u>/7</u> 0
Telephone No. 662 689 - 04/0	Distance Direction Nearest Town
Pump Type Circle one	Power Type Circle one
Air lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine (Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other(specify):
Other (specify):	Horse Power Rating of Motor:
Date Pump Installed: 5-16-10	Setting Depth:feet
Rated Pump Capacity:gallons per min	Number of Stages:
Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: 5-16-10	Air Line Electric Measuring Line Steel Tape
Static Water Level(A): <u>40</u> feet below Land Surface	Other(specify): <u>FINE + WEIGHT</u>
Rumping Water Level(B):feet below Land Surface	
Drawdown[(B)-(A)]:feet below Land Surface	For flowing well, measured shut in head:feet
Test Pumping Rate:	Well yielded GPM with a drawdown of
Duration of Pump Test(minimun 4 hours):hrs	feet afterhours of pumping
I HEDEDY CEDTIEV that the above statements are th	ie to the best of my knowledge

I HEREBY CERTIFY that the above statements a	re true to the best of my knowledge.
ROB Smoot Oday	SAN TA
Print Name of Pump Installer and License No.	Signature of Pump Installer
Print Name of Pump installer and License No.	

EM 2 3 2010

SY: OLME