

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 #: M 65

L.S. Elevation: _____

E-Long #: _____

County: TALPE
Permit #: _____
Driller: BOB SMITH
Date drilling complet: 11-18-12

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>KELLY WARDLIP</u>	Latitude: <u>34° 33' 35"</u> Longitude: <u>89° 55' 41"</u>
Mailing Address: <u>140 Cimo Talpe</u> <u>SENTOBIA, MS. 38668</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 SW 1/4 Sec 11-15 Twn 16S Rng 12W</u>
Telephone No. <u>662 633-9254</u>	Distance: <u>5</u> Miles Direction: <u>S/E</u> of <u>SENTOBIA</u>

Well Data

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

Date well drilling started: 11-18-12 Date well drilling completed: 11-18-12

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 11-18-12

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

Hole Depth: 180 Well depth: 180 Well grouted to a depth of 10 feet

Type of grout: (circle one) Cement Bentonite Mix

Casing length: 160 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 13 TADUS inches Setting depth: From 160 feet to 180 feet

Type of completion (circle all applicable):
Gravel packed 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.

BOB SMITH 0-645
Print name of Water Contractor and License No.

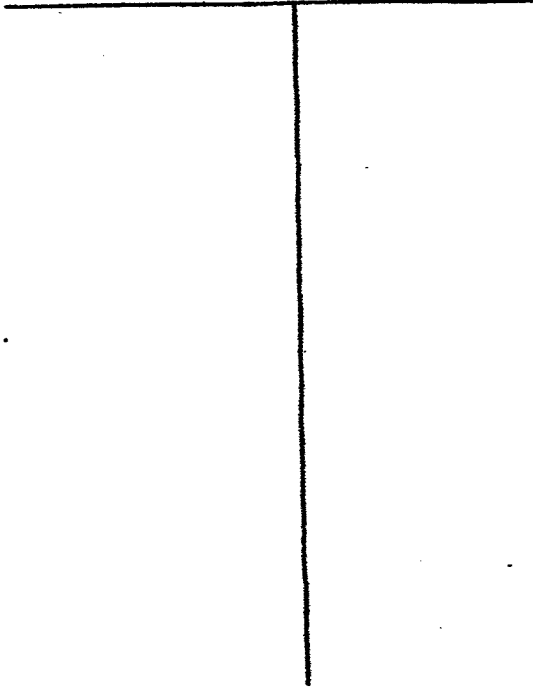
[Signature]
Signature of Water Well Contractor

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Ground Level

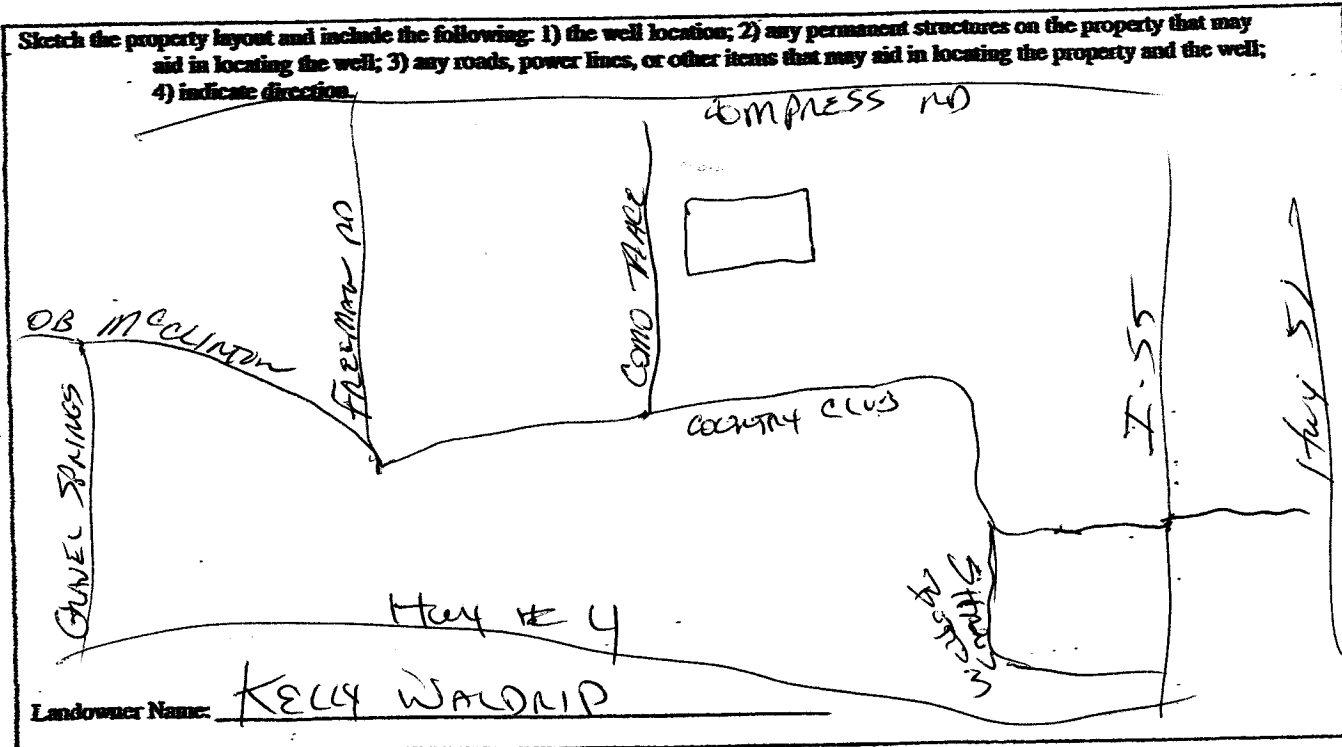


Description of Formations Encountered

From To

Description of Formations Encountered	From	To
TOP SOIL	0	5
BROWN CLAY	5	26
RED CLAY + SAND	26	53
GRAVEL	53	76
ROCK	76	77
WHITE CLAY	77	142
WHITE SAND + CLAY	140	160
WHITE SAND	160	180

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




 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 2309
Jackson, MS 39225

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Aquifer: _____
Well #: M65
Elevation: _____

County: TATE
Permit #: _____
Driller: Bob Smith
Date completed: 11-18-12

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>Kelly W. Warrick</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>140 Conn Trace</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey
<u>Senobia, MS 38668</u>	USGS quad, Hand-held GPS, survey grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 15 Twp 16 S Rng 12 W</u>
Telephone No. <u>(662) 633-9254</u>	Distance _____ miles Direction <u>S/E</u> Nearest Town <u>Senobia</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>1 1/2</u>
Date Pump Installed: <u>11-18-12</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>20</u> gallons per min	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: <u>11-18-12</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level(A): <u>70</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>26</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>26</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.

Bob Smith 0-645 _____
Print Name of Pump Installer and License No. Signature of Pump Installer

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BY: OLWR