

State Well Report

Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225

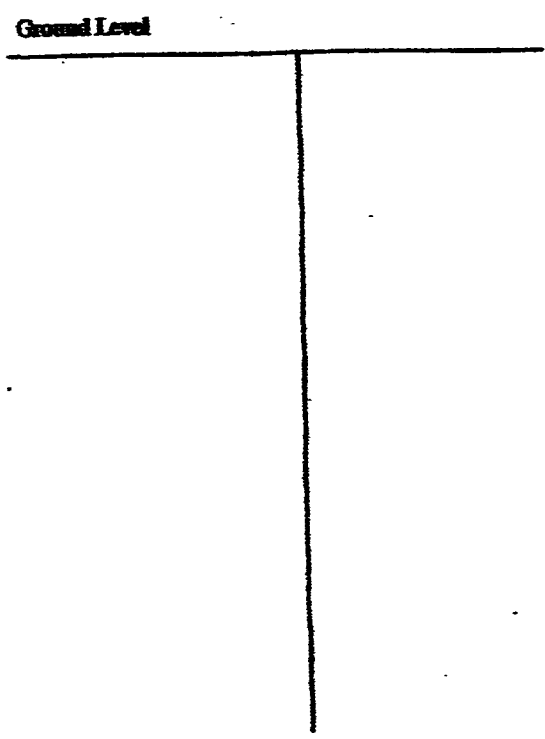
For Office Use Only	
Aquifer: _____	Well #: <u>M66</u>
L.S. Elevation: _____	E-Long #: _____

County: <u>TATE</u>
Permit #: _____
Driller: <u>BOB SMITH</u>
Date drilling complet: <u>11-22-12</u>

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>JASON FOXWORTH</u>	Latitude: <u>34.34.25</u> Longitude: <u>89.56.34</u>
Mailing Address: <u>2080 COUNTRY CLUB RD</u> <u>SEMIOTA, MS 38668</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: <u>SEMIOTA</u> State: <u>MS</u> Zip Code: <u>38668</u>	NE 1/4 SW 1/4 Sec 9 Twp 16S Rng 12W
Telephone No. <u>662 560-6472</u>	Distance: <u>3</u> Miles Direction: <u>S/E</u> of Nearest Town: <u>SEMIOTA</u>
Well Data	
Purpose of Well (circle one) <input checked="" type="radio"/> Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture <input type="radio"/> Other _____	
Date well drilling started: <u>11-22-12</u> Date well drilling completed: <u>11-22-12</u>	
If flowing, method of flow regulation: Valve _____ Other (describe): _____	
Static Water Level: <u>20</u> feet above of <input checked="" type="radio"/> below (circle one) land surface Date measured: <u>11-22-12</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>LINE + WEIGHT</u>	
Hole Depth: <u>137</u> Well depth: <u>137</u> Well grouted to a depth of <u>10</u> feet	
Type of grout: (circle one) Cement <input checked="" type="radio"/> <u>Reincrete</u> Mix	
Casing length: <u>117</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>13 THOUS</u> inches Setting depth: From <u>117</u> feet to <u>137</u> feet	
Type of completion (circle all applicable): <input checked="" type="radio"/> Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Telescoped <input type="radio"/> Open hole <input type="radio"/> Natural Development Other (describe): _____	
Top of tap pipe or reduction casing: _____ feet. If telescoped or more than one screen, describe on back	
Logs run (circle one): No log run <input type="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> Neutron <input type="radio"/> 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.	
Print name of Water Contractor and License No. <u>BOB SMITH D-645</u>	Signature of Water Well Contractor

M66



Description of Formations Encountered	From	To
TOP SOIL	0	5
BROWN CLAY	5	18
RED CLAY	18	30
RED SAND	30	60
GRAVEL	60	90
WHITE CLAY	90	120
WHITE SAND	120	137

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: JASON FOXWORTH E

[Signature]
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

For Office Use Only

Aquifer: _____
Well #: M66
Elevation: _____

County: TATE
Permit #: _____
Driller: BOB SMITH
Date completed: 11-22-12

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>JASON FOXWORTH</u>	Latitude: <u>34-34-25</u> Longitude: <u>89 56 34</u>
Mailing Address: <u>2080 COUNTY CLUB RD</u>	Method of Lat/Long (circle one): Conventional Survey USGS quad, Hand-held GPS, survey grade GPS
<u>MS</u>	<u>NE14SW 1/4 Sec M-9 Twn T6S Rng R7W</u>
<u>SEMINOLA MS. 38668</u>	Distance Direction Nearest Town
City State Zip Code	<u>3</u> miles <u>S/E</u> of <u>SEWATOBIA</u>
Telephone No. <u>(662) 560-6472</u>	

Pump Type Circle one	Power Type Circle one
Air lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other(specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>11-22-12</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>10</u> gallons per min	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: <u>11-22-12</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>
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: <u>12</u> gallons per Minute	Well yielded <u>12</u> GPM with a drawdown of _____ feet after _____ hours of pumping
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 [Signature]
Print Name of Pump Installer and License No. Signature of Pump Installer

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BY: OLWF