

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 #: M68

L.S. Elevation: _____

E-Long #: _____

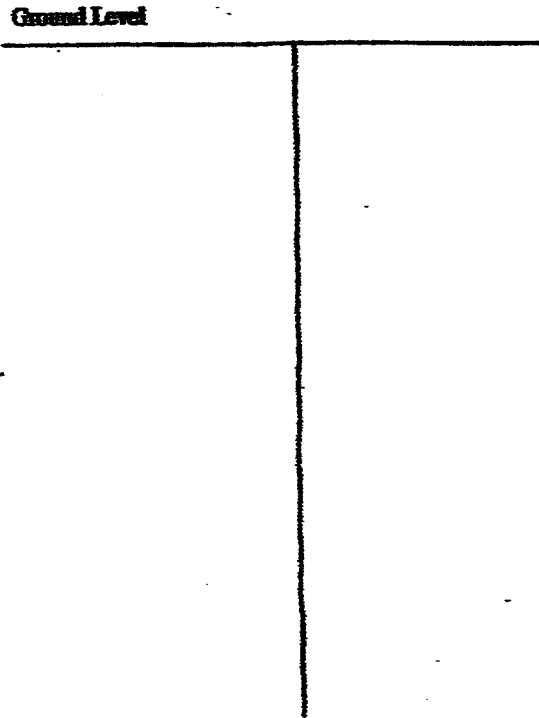
County: TATE
 Permit #: _____
 Driller: BOB SMITH
 Date drilling complet: 5-1-13

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>WILLIAM COPPELAND</u>	Latitude: <u>34° 34' 08"</u> Longitude: <u>89° 52' 51"</u>
Mailing Address: <u>2924 Green Springs rd</u> <u>SENAPODIA MS 38868</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE 1/4 SE 1/4 Sec 12, Twn 765 Rng 22 W</u>
Telephone No. <u>(601) 288-1991</u>	Distance: <u>3 Miles</u> Direction: <u>S/W</u> of <u>WISLAUKMA</u> Nearest Town: _____
Well Data	
Purpose of Well (circle one) <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other _____	
Date well drilling started: <u>5-1-13</u> Date well drilling completed: <u>5-1-13</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>87</u> feet above or <input checked="" type="checkbox"/> below (circle one) land surface Date measured: <u>5-1-13</u>	
Method of Measurement (circle one) <input type="checkbox"/> steel tape <input type="checkbox"/> electric tape <input type="checkbox"/> air line other: <u>LINE + WEIGHT</u>	
Hole Depth: <u>140</u> Well depth: <u>140</u> Well grouted to a depth of <u>10</u> feet	
Type of grout: (circle one) <input type="checkbox"/> Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>130</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>10</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>130</u> feet to <u>140</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> 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): <input type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> 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 Department of Environmental Quality and/or the Mississippi Department of Health regulations and state law.	
<u>BOB SMITH 0-645</u>	<u>[Signature]</u>
Print name of Water Contractor and License No.	Signature of Water Well Contractor

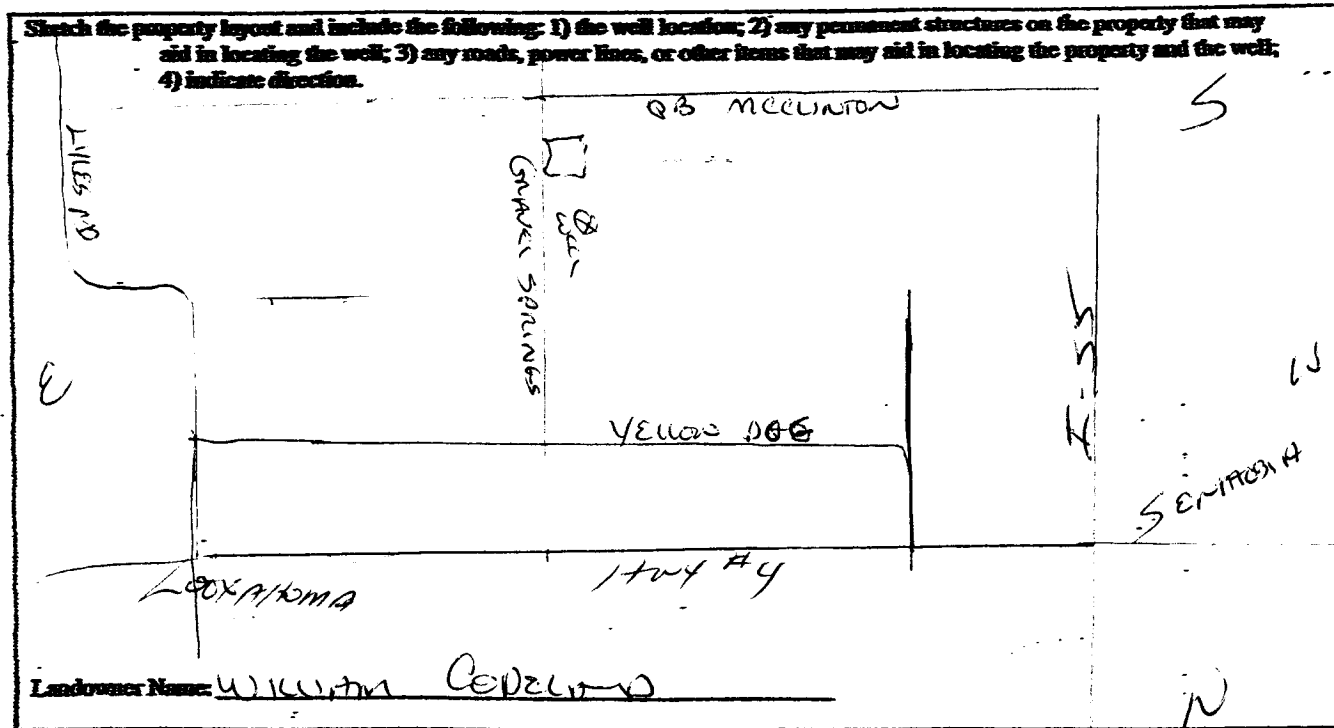
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M68



Description of Formations Encountered	From	To
TOP SOIL	0	5
RED CLAY	5	26
GRAVEL	26	60
WHITE CLAY	60	110
WHITE SAND	110	150

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



[Signature]
 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

County: ITATE
 Permit #: _____
 Driller: BOB SMITH
 Date completed: 5-1-13

Aquifer: _____
 Well #: M108
 Elevation: _____

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>WILLIAM COVELLO</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2934 GRACE</u> <u>SPRINGS RD</u> <u>SENIATA, MS 38668</u> City State Zip Code	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, survey grade GPS
Telephone No: <u>(662) 288-1991</u>	<u>14 1/4 Sec 7-12 Twp 6S Rng 12W</u>
	Distance: <u>3</u> miles Direction: <u>S/W</u> Nearest Town: <u>Seniata</u>

Pump Type Circle one	Power Type Circle one
Air lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other(specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>5-1-13</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>10</u> gallons per min	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level circle one
Date Well Tested: <u>5-1-13</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level(A): <u>87</u> feet below Land Surface	Other(specify): <u>LINE + WEIGHT</u>
Pumping 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>11</u> gallons per minute	Well yielded _____ 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
 Print Name of Pump Installer and License No.

[Signature]
 Signature of Pump Installer

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MAY 14 2013

BY: OLWR