

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 71

L.S. Elevation: _____

E-Long #: _____

County: Tate
Permit #: _____
Driller: Bob Smith
Date drilling complet: 12-22-14

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.

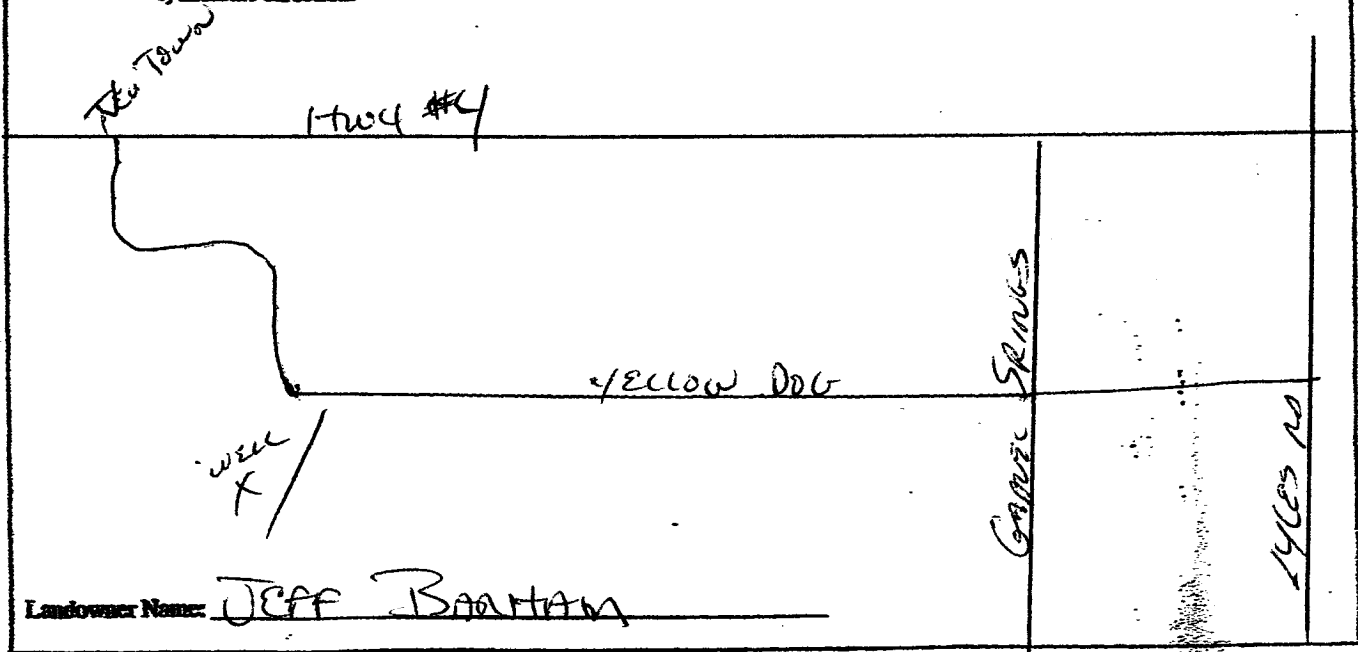
Well Owner Information	Well Location
Owner Name: <u>JEFF BARTON</u>	Latitude: <u>33°35'35.48" N</u> Longitude: <u>89°54'46.98" W</u>
Mailing Address: <u>1108 Yellow Dog Rd</u> <u>Shroton, MS 38668</u>	Method of Lat/Long (circle one): <input checked="" type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	SW: <u>14</u> NW: <u>14</u> Sec: <u>M2</u> Twp: <u>16S</u> Rng: <u>2E</u>
Telephone No. <u>901 551-3496</u>	Distance: <u>1 1/2</u> Miles Direction: <u>S</u> of <u>NEWTON</u>
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>12-22-14</u> Date well drilling completed: <u>12-22-14</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>102</u> feet above or <input checked="" type="checkbox"/> below (circle one) land surface Date measured: <u>12-22-14</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>155</u> Well depth: <u>155</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>145</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>145</u> feet to <u>155</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 incasing: _____ 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 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 0-645</u>	Signature of Water Well Contractor <u>[Signature]</u>

RECEIVED
JAN 20 2015
BY: OLW

Ground Level

RECEIVED
JAN 20 2015
BY: OLWR

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.



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-71
Elevation: _____

County: TAL
Permit #: _____
Driller: BOB SMITH
Date completed: 12-22-14

JAN 20 2015

BY: OLWR

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

Well Owner Information	Well Location
Owner Name: <u>JOFF BARTMAN</u>	Latitude: <u>34°35'48.0"N</u> Longitude: <u>89°54'46.9"W</u>
Mailing Address: <u>1601 Yellow Dog</u>	Method of Lat/Long (circle one): Conventional Survey
<u>SE 1/4 NW 1/4 Sec 2 Twp 16S Rng 16W</u>	USGS quad, Hand-held GPS, survey grade GPS
City State Zip Code	SW 1/4 NW 1/4 Sec 2 Twp 16S Rng 16W
Telephone No. <u>(601) 351-3496</u>	Distance <u>1 1/2</u> miles Direction <u>S</u> Nearest Town <u>of Jackson</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>3/4</u>
Date Pump Installed: <u>12-22-14</u>	Setting Depth: <u>12</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>12-22-14</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level(A): <u>102</u> feet below Land Surface	Other(specify): <u>LINE + 1/2 HEIGHT</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>12</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>12</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 0645
Print Name of Pump Installer and License No.

[Signature]
Signature of Pump Installer