County: Attala

Permit #:

Driller: Thomas Drilling

Date drilling completed: 12-12-06

# State Well Report

## Part 1 – Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

**For Office Use Only:**

Aquifer:

Well #: T-32

L.S. Elevation:

E-log #:

***State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.***

**Information on Well Owner**
*(Landowner if borehole is not for a water well)*

Owner Name: Jimmy Dunn #6

Mailing Address: Rt 4 Box 236

Kosciusko MS 39090
City State Zip Code

Telephone No. (____)

**Well or Borehole Location**

Latitude: 32°57.502' Longitude: 89°29.540'

Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS

NE ¼ NE ¼ Sec 29 Twn 13N Rng 8E

Distance 3 Miles Direction S of Nearest Town Sayrna

**Well / Borehole Data**

Date drilling started: 12-12-06 Date drilling completed: 12-12-06 Hole depth: 160 Hole diameter: 4"

Location of the source of any surface water used for drilling: Thomas Drilling

Method of dosing and volume of Chlorine used in drilling and development: 1 Qtr in Tender & 1 Qtr in Wtr

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:

Name of organization running log(s):

Purpose of borehole (check one): Water Well X Geotechnical/Geological Investigation___ Ground Source Heat Pump___

Seismic Survey___ Other (*describe*)

*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (check one): Home ___ Industrial___ Public Supply___ Irrigation___ Fish Culture ___ Other: Poultry

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

Static Water Level 60 feet above or below (circle one) land surface Date measured: 12-12-06

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

Well depth: 160 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 140 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .010 inches Setting depth: From 140 feet to 160 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe):

Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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T-32

***The sketch below only required for water wells***

***If well telescopes, show depths on sketch***

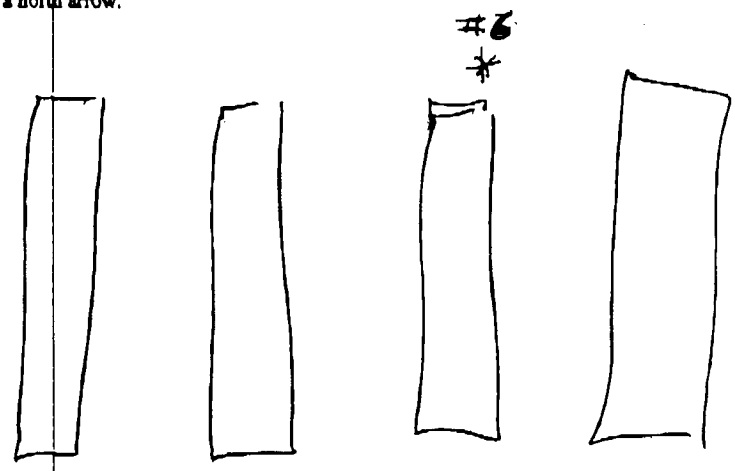
Ground Level

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

***Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations***

| Description of Formations Encountered | From (depth) | To (depth) |
|---|---|---|
| | Ground Level | |
| Mixed Clay | 0 | 56 |
| Rock | 56 | 59 |
| Sand & Clay | 59 | 90 |
| Gray Clay | 90 | 112 |
| Fine Gray Sand | 112 | 135 |
| Medium Gray Sand | 135 | 160 |

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) a north arrow.




Landowner Name: Jimmy Dunn #6

Form: OLWR-SWR-1A

**I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.**

David S. Thomas O-142 12-12-06 David S. Thomas

**Print Name of Responsible Licensee and License No.** **Date** **Signature of Licensee**

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# STATE WELL REPORT
## Part 2

County: Attala
Permit #:
Driller: Thomas Drilling
Date completed: 12-12-06
*Copy information from block on Part 1*

**Pump Installer's Completion Report**
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

**For Office Use Only:**
Aquifer:
Well #: T-32
Elevation:

***This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.***

**Well Owner Information**

Owner Name: Jimmy Dunn #6
Mailing Address:
Rt. 4 Box 236
Kosciusko MS 39090
City State Zip Code
Telephone No. ( )

**Well Location**

Latitude: N 32° 57.502 Longitude: W 89° 29.540
Method of Lat/Long (check one): Conventional Survey ___, USGS quad ___, Hand-held GPS X, Survey-grade GPS ___
___ ¼ ___ ¼ Sec 29 T 13N R 8E
Distance 3 Miles Direction S of Nearest Town Smyrna

**Pump Type**
Circle one

| | | |
|---|---|---|
| Air Lift | Jet | Submersible |
| Bucket | Piston | Turbine |
| Centrifugal | Rotary | Flowing Well |

Other (specify):
Date Pump Installed: 12-12-06
Rated Pump Capacity: 19 Gallons Per Minute

**Power Type**
Circle one

| | | |
|---|---|---|
| Diesel Engine | Gasoline Engine | Natural Gas |
| Electric Motor | Hand | Tractor PTO |
| Windmill | Other (specify): | |

Horse Power Rating of Motor: 1½
Setting Depth: 120 feet
Number of Stages: 9

**Pump Test Data**

Date Well Tested: 12-12-06
Static Water Level (A): 60 Feet Below Land Surface
Pumping Water Level (B): 84 Feet Below Land Surface
Drawdown [(B) – (A)]: 24 Feet Below Land Surface
Test Pumping Rate: 32 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 1 hours

**Method of Measuring Water Level**
Circle one

Air Line | Electric Measuring Line | Steel Tape
Other (specify):
For flowing well, measured shut in head: ___ feet
Well yielded ___ GPM with a drawdown of ___ feet after ___ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

David S. Thomas 0-147
Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

Form: OLWR-SWR-1B

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