

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)

County: Benton
Permit #: 565
Driller: Wilson Well Co.
Date drilling completed: 8/2/11

For Office Use Only:
Aquifer: _____
Well #: G-44
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) | Well or Borehole Location |
|--|--|
| Owner Name: <u>G.T. THOMPSON</u> | Latitude: <u>34° 51' 27"</u> Longitude: <u>89° 16' 06"</u> |
| Mailing Address: <u>4922 LAMAR ROAD</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>LAMAR MS 38642</u> | NE 1/4, NE 1/4 Sec <u>2</u> Twn <u>35</u> Rng <u>16W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(662) 224-4331</u> | <u>5</u> Miles <u>W</u> of <u>MOY 5</u> |

Well / Borehole Data

Date drilling started: 7-29-11 Date drilling completed: 8-2-11 Hole depth: 200' Hole diameter: 4"

Location of the source of any surface water used for drilling: PUBLIC SUPPLY

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM - DIRECT

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 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: _____

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

Static Water Level: 100 feet above or below (circle one) land surface Date measured: 8-2-11

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

Well depth: 200 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement (Bentonite) Mix

Casing length: 190 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 190 feet to 200 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: NA feet. *If telescoped or more than one screen, describe on next page.*

STATE WELL REPORT

Part 2

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)

County: BENTON
 Permit #: 565
 Driller: Wilson Well Co.
 Date completed: 8-2-11
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: 644
 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 | Well Location |
|--|---|
| Owner Name: <u>G. T. THOMPSON</u> Mailing Address: <u>4922 LAMAR ROAD</u> <div style="display: flex; justify-content: space-between;"> <u>LAMAR</u> City <u>MS</u> State <u>38642</u> Zip Code </div> Telephone No. <u>(662) 224-4331</u> | Latitude: <u>34-51-27</u> Longitude: <u>89-16-06</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ <u>NE 1/4 NE 1/4 Sec 2 T 35 R 14</u> Distance Direction Nearest Town <u>5</u> Miles <u>W</u> of <u>HWY 5</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>8-2-11</u> Rated Pump Capacity: <u>14</u> Gallons Per Minute | Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>3/4</u> Setting Depth: <u>140</u> feet Number of Stages: <u>12</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: <u>-2-11</u> Static Water Level (A): <u>100</u> Feet Below Land Surface Pumping Water Level (B): <u>140</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>40</u> Feet Below Land Surface Test Pumping Rate: <u>14</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours | Air Line Electric Measuring Line Steel Tape Other (specify): <u>PVC Plastic Pipe</u> 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.

Richard Wilson 0-408 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer