

# State Well Report

Part 1

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 #: N-93  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: CLARKE  
Permit #: \_\_\_\_\_  
Driller: THOMPSON BROTHERS  
Date drilling completed: 5-2-07

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>MOON HINES TIGBERT</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. BOX 3216</u> <u>RIDGELAND MS.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: <u>39158</u> Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>5</u> Twn <u>2N</u> Rng <u>16E</u>
Telephone No. ( ) _____	Distance _____ Miles _____ Direction <u>E</u> of _____ Nearest Town <u>QUITMAN</u>

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: RIB SUPPLY

Date well drilling started: 5/1/07 Date well drilling completed: 5/3/07

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 78 feet above or below (circle one) land surface Date measured: 5/2/07

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

Hole depth: 280 Well depth: 275 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 255 feet Casing diameter: 4 inches Type of casing: P.V.C.

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

Screen slot size: .020 inches Setting depth: From 255 feet to 275 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 back of page

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

Name of organization running log(s): \_\_\_\_\_

I certify that the well was 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.

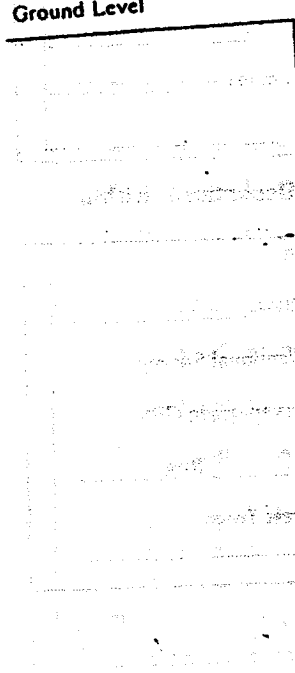
J.P. THOMPSON 0-624  
Print Name of Water Well Contractor and License No.

J.P. Thompson  
Signature of Water Well Contractor

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BY: OLWR

If well telescopes please sketch below and show depths.

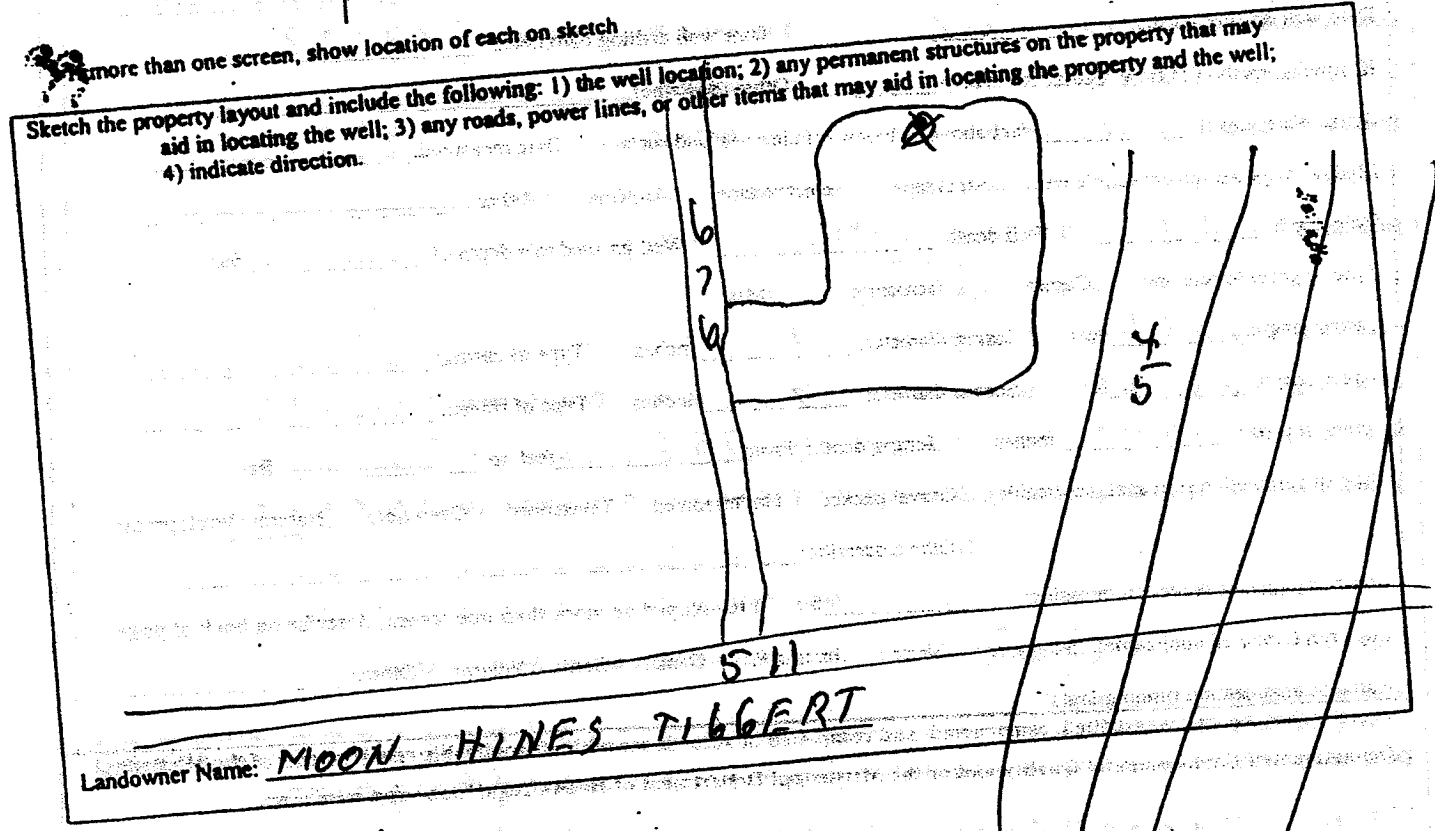
Ground Level



Description of Formations Encountered	From	To
SANDY CLAY	0	20
BLUE CLAY	20	110
ROCK	110	111
BLUE CLAY	111	200
SAND	200	275
CLAY	275	290

N

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: MOON HINES TIGGERT

J.P. Thompson  
 Signature of Water Well Contractor

# 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: CLARKE  
 Permit #: \_\_\_\_\_  
 Driller: THOMPSON BROS  
 Date completed: 5/2/07

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: N-93  
 Elevation: \_\_\_\_\_

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>MOON HINES TIGBERT</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. BOX 3216</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>RIDGELAND MS</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City: _____ State: <u>39158</u> Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>5</u> Twn <u>2N</u> Rng <u>16E</u>
Telephone No. ( ) _____	Distance: _____ Direction: _____ Nearest Town: _____
	<u>4</u> Miles <u>E</u> of <u>QUITMAN</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>5/2/07</u> Rated Pump Capacity: <u>85</u> Gallons Per Minute	<input type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Windmill Horse Power Rating of Motor: <u>7 1/2</u> Setting Depth: <u>140</u> feet Number of Stages: _____
<input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Flowing Well	<input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/2/07</u>	<input type="checkbox"/> Air Line <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>78</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>105</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B)-(A)]: <u>27</u> Feet Below Land Surface	Well yielded <u>95</u> GPM with a drawdown of
Test Pumping Rate: <u>95</u> Gallons Per Minute	<u>27</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

J.P. THOMPSON 0-624      J.P. Thompson  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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