

# 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)

County: Clarke  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date drilling completed: 7-24-07

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: Q-44  
 L. S. Elevation: \_\_\_\_\_  
 B-log #: \_\_\_\_\_

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>Rick Fields</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>C.R. 664</u> <u>Quitman MS</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	1/4 _____ 1/4 Sec <u>30</u> Twn <u>2N</u> Rng <u>6W</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town _____ _____ Miles <u>SE</u> of <u>Quitman</u>

**Well Data**

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

Date well drilling started: 7-23-07 Date well drilling completed: 7-24-07

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

Static Water Level: 122 feet above or below (circle one) land surface Date measured: 7-24-07

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

Hole depth: 320 Well depth: 300 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 280 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .010 inches Setting depth: From 280 feet to 300 feet

Type of completion (circle all applicable): Gravel packed Underscreened 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.

John W Thompson 0-679  
 Print Name of Water Well Contractor and License No.

John W Thompson  
 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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: Q-44  
 Elevation: \_\_\_\_\_

County Clarke  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date completed: 7-24-07

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>Rick Fields</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>C.R. 664</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey,
<u>Quitman MS</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City _____ State _____ Zip Code _____	<u>1/4</u> _____ <u>1/4</u> Sec <u>30</u> Twn <u>2N</u> Rng <u>6W</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town <u>ME</u>
	<u>7</u> Miles <u>SE</u> of <u>Quitman</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill      Other (specify): _____ Horse Power Rating of Motor: <u>3</u> Setting Depth: <u>160</u> feet Number of Stages: _____
Date Pump Installed: <u>8-2-07</u>	
Rated Pump Capacity: <u>35</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-2-07</u>	<input type="checkbox"/> Air Line <input checked="" type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape Other (specify): _____
Static Water Level (A): <u>122</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Pumping Water Level (B): <u>143</u> Feet Below Land Surface	Well yielded <u>50</u> GPM with a drawdown of
Drawdown ((B)-(A)): <u>21</u> Feet Below Land Surface	<u>21</u> feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>50</u> Gallons Per Minute	
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.

John W Thompson 0-679      John W Thompson  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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 AUG 20 2007  
 BY: OLWR

**STATE WELL REPORT**

Form 1

Large Landowners Reporting Requirements  
 Department of Environmental Quality  
 Office of Land and Water Resources  
 100 West 10th Street  
 Oklahoma City, Oklahoma 73107  
 (405) 522-3000 (ext. 3000)

Well Name	_____
County	_____
Section	_____
Range	_____
Township	_____

Well ID	_____
Well Type	_____
Well Status	_____
Well Depth	_____

This report shall be prepared by the owner or operator of the well and shall be filed with the Department within 30 days of the completion of the well.

<p><b>Well Location</b></p> <p>Section _____ Township _____ Range _____</p> <p>County _____</p> <p>Well Name _____</p> <p>Well ID _____</p> <p>Well Type _____</p> <p>Well Status _____</p> <p>Well Depth _____</p> <p>Well Diameter _____</p> <p>Well Construction _____</p> <p>Well Completion _____</p> <p>Well Production _____</p>	<p><b>Well Owner Information</b></p> <p>Owner Name _____</p> <p>Address _____</p> <p>City _____</p> <p>State _____</p> <p>Zip Code _____</p> <p>Telephone No. _____</p>
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<p><b>Well Construction</b></p> <p>Well Type _____</p> <p>Well Status _____</p> <p>Well Depth _____</p> <p>Well Diameter _____</p> <p>Well Construction _____</p> <p>Well Completion _____</p> <p>Well Production _____</p>	<p><b>Well Production</b></p> <p>Well Type _____</p> <p>Well Status _____</p> <p>Well Depth _____</p> <p>Well Diameter _____</p> <p>Well Construction _____</p> <p>Well Completion _____</p> <p>Well Production _____</p>
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I HEREBY CERTIFY that the data contained herein is to the best of my knowledge.

Signature of Well Owner \_\_\_\_\_

Signature of Well Operator \_\_\_\_\_