

Blackstone Ivory 20-9

STATE WELL REPORT

County: Clarke  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date drilling completed: 7-26-13

Part 1  
Driller's Log  
Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225-2309  
(601)961-5210  
(601)360-0535 (fax)

For Office Use Only:  
Well #: 053  
Aquifer: \_\_\_\_\_  
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.

Well Owner Information (Landowner if borehole is not for a water well)			Well or Borehole Location		
Owner Name: <u>Energy Drilling</u>			Latitude: <u>31°59'58"</u> Longitude: <u>88°28'6"</u>		
Mailing Address: <u>P.O. Box 905</u>			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
<u>Natchez MS 39120</u>			<u>NE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ , Sec <u>20</u> of <u>2N</u> $\frac{1}{2}$ <u>8E</u>		
City	State	Zip Code	<u>2</u> Miles	<u>NE</u> of	<u>Theadville</u>
Telephone No. (____) _____			(Distance)	(Direction)	(Nearest Town)

Well / Borehole Data

Date drilling started: 7-26-13 Date drilling completed: 7-26-13 Hole depth: 160 Hole diameter: 7

Location of the source of any surface water used for drilling: Local Creek

Method of dosing and volume of Chlorine used in drilling and development: Mix 8 gallon bleach in water

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

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

Purpose of borehole (circle 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 (circle all applicable): Home  Industrial  Public Supply  Irrigation  Fish Culture

Other (describe): rig supply

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

Static Water Level: 78 feet (above or below land surface) (circle one) Date measured: 7-26-13

Method of measurement (circle one): Steel tape   Electric tape  Air line  Other (describe): \_\_\_\_\_

Well depth: 140 Well grouted to a depth of: 20 feet Type of grout (circle one): Neat Cement   Bentonite  Mix

Casing length: 120 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 120 feet to 140 feet

Type of completion (circle all applicable): Gravel packed  Underreamed  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

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# 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 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

**For Office Use Only:**

Well #: 053

Aquifer: \_\_\_\_\_

County: Clarke  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date completed: 7-26-13  
Copy information from block on Part 1

*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>Energy Drilling</u>	Latitude: <u>31°59'58"</u> Longitude: <u>88°28'6"</u>
Mailing Address: <u>P.O. Box 905</u> <u>Natchez MS 39120</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4, Sec. <u>20</u> T <u>2N</u> R <u>18E</u>
Telephone No. (____) _____	<u>2</u> Miles <u>NE</u> of <u>Theadville</u> (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_

Date Pump Installed: 7-26-13 Rated Pump Capacity: 55 Gallons Per Minute

Is This Pump (circle one):  New Repaired Replacement

**Power Type (circle one)**

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 5 Setting Depth: 120 feet Number of Stages: \_\_\_\_\_

**Pump Test Data for Non Flowing Well**

Date Well Tested: 7-26-13 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 78 Feet Below Land Surface Pumping Water Level (B): 95 Feet Below Land Surface

Drawdown [(B) - (A)]: 17 Feet Below Land Surface Test Pumping Rate: 75 Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape  Air line Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**

Measured shut in head: \_\_\_\_\_ feet.

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**

Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_

Is This Meter (circle one): New Repaired Replacement

*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

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 AUG 12 2013  
 BY: OLWR

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

John W Thompson 0-679 8-6-13 John W Thompson  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer



81-166-T

# Map

Ø53

PLANDATA



County-Road-643

Plant

Updated 2018-08-06

WPR