

# 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 #: P76  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Clarke  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date drilling completed: 8-31-09

**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>J. R. McLain</u>	Latitude: <u>31° 49' 54"</u> Longitude: <u>83° 53' 45"</u>
Mailing Address: <u>Eucutta Rd</u> <u>Eucutta MS</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 SE 1/4 Sec 16 Twn 10N Rng 9W</u>
Telephone No. ( ) _____	Distance _____ Miles Direction <u>N</u> of Nearest Town <u>Eucutta</u>

**Well Data**

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

Date well drilling started: 8-27-09 Date well drilling completed: 8-31-09

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

Static Water Level: 36 feet above of below (circle one) land surface Date measured: 8-31-09

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

Hole depth: 165 Well depth: 165 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

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

Screen length: Open feet Screen diameter: Open inches Type of screen: Open hole

Screen slot size: \_\_\_\_\_ inches Setting depth: From \_\_\_\_\_ feet to \_\_\_\_\_ 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.

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

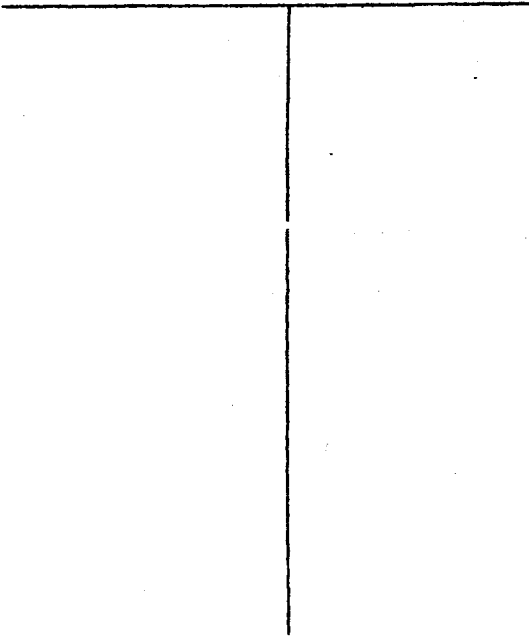
John W Thompson  
Signature of Water Well Contractor

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BY: OLWR

P76

If well telescopes please sketch below and show depths

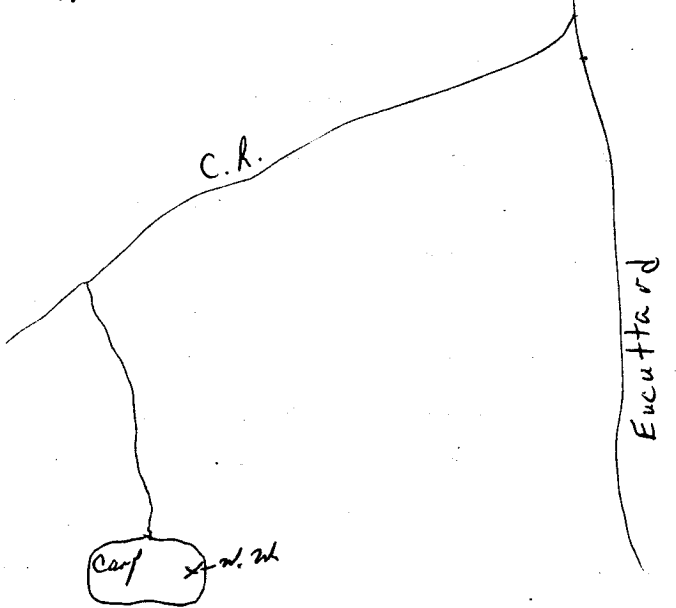
Ground Level



Description of Formations Encountered	From	To
clay	0	110
rock sand & clay strips	110	160
clay	160	165

more than one screen, show location of each on sketch

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: J.R. McLain

*John 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)

### For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: P76  
Elevation: \_\_\_\_\_

County: Clarke  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date completed: 8-31-09  
*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>J.R. McJain</u>	Latitude: <u>31-49-54</u> Longitude: <u>88-53-45</u>
Mailing Address: <u>Eucatta rd</u> <u>Eucatta MS</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>NE 1/4 SE 1/4 Sec 16 T10N R19W 9W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____ <u>2</u> Miles <u>N</u> of <u>Eucatta</u>
Telephone No. ( ) _____	

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ Turbine _____	<u>Electric Motor</u> _____ Hand _____ Tractor PTO _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>8-31-09</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-31-09</u>	Air Line _____ <u>Electric Measuring Line</u> _____ Steel Tape _____
Static Water Level (A): <u>36</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>40</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>4</u> Feet Below Land Surface	Well yielded <u>13</u> GPM with a drawdown of
Test Pumping Rate: <u>13</u> Gallons Per Minute	<u>4</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.

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

John W Thompson  
Signature of Pump Installer

Form: OLWR-SWR-1B

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SEP 10 2009

BY: OLWR