

# 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: B61  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Covington  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date drilling completed: 3-18-10

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>James Craft</u>  |  | Latitude: <u>31° 04' 40"</u> Longitude: <u>89° 35' 36"</u>  |  |
| Mailing Address: <u>Seminary Lake Mike Connard</u><br><u>Seminary MS</u>  |  | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS<br><u>NW</u> ¼ <u>SE</u> ¼ Sec <u>15</u> Twn <u>9N</u> Rng <u>16W</u> |  |
| City _____ State _____ Zip Code _____   |  | Distance _____ Miles Direction <u>E</u> of Nearest Town <u>Mt Olive</u>   |  |
| Telephone No. (____) _____  |  |   |  |
| Well Data   |  |   |  |
| Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: <u>blueberry farm</u>  |  |   |  |
| Date well drilling started: <u>3-17-10</u>  |  | Date well drilling completed: <u>3-18-10</u>  |  |
| If flowing, method of flow regulation: Valve _____ Other (describe) _____   |  |   |  |
| Static Water Level: <u>117</u> feet above or below (circle one) land surface Date measured: <u>3-18-10</u>  |  |   |  |
| Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____  |  |   |  |
| Hole depth: <u>303</u> Well depth: <u>300</u> Well grouted to a depth of <u>15</u> feet   |  |   |  |
| Type of grout (circle one): Cement <u>Bentonite</u> Mix   |  |   |  |
| Casing length: <u>260</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>  |  |   |  |
| Screen length: <u>40</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC Slotted</u>   |  |   |  |
| Screen slot size: <u>.010</u> inches Setting depth: From <u>260</u> feet to <u>300</u> feet   |  |   |  |
| Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>   |  |   |  |
| 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): <u>No log run</u> 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. |  |   |  |
| <u>John W Thompson 0-679</u>  |  | <u>John W Thompson</u>  |  |
| Print Name of Water Well Contractor and License No.   |  | Signature of Water Well Contractor  |  |

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

County: Covington  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date completed: 3-18-10  
 Copy information from block on Part 1

For Office Use Only:

Aquifer: B61  
 Well #: \_\_\_\_\_  
 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>James Craft</u>   | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>Seminary Lake Mike Connor rd</u><br><u>Seminary MS</u> | Method of Lat/Long (check one): Conventional Survey _____<br>USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____<br>_____ 1/4 _____ 1/4 Sec <u>15</u> T <u>9N</u> R <u>16W</u> |
| City _____ State _____ Zip Code _____                                      | Distance _____ Direction _____ Nearest Town _____<br><u>3</u> Miles <u>E</u> of <u>MT Olive</u>   |
| Telephone No. ( ) _____  |   |

| Pump Type<br>Circle one                           | Power Type<br>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>5</u>               |
| Date Pump Installed: <u>3-18-10</u>               | Setting Depth: <u>160</u> feet                      |
| Rated Pump Capacity: <u>55</u> Gallons Per Minute | Number of Stages: _____                             |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one           |
|---|---|
| Date Well Tested: <u>3-18-10</u>                            | <u>Air Line</u> Electric Measuring Line      Steel Tape |
| Static Water Level (A): <u>117</u> Feet Below Land Surface  | Other (specify): _____                                  |
| Pumping Water Level (B): <u>125</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet     |
| Drawdown [(B) - (A)]: <u>8</u> Feet Below Land Surface      | Well yielded <u>70</u> GPM with a drawdown of           |
| Test Pumping Rate: <u>70</u> Gallons Per Minute             | <u>8</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      John W Thompson  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

Form: OLWR-SWR-1B

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