

Robertson 27-2

# 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 #:	<u>H29</u>
L. S. Elevation:	_____
E-log #:	_____

County:	<u>Covington</u>
Permit #:	_____
Driller:	<u>John W Thompson</u>
Date drilling completed:	<u>10-3-12</u>

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>Roundtree</u>	Latitude: <u>31.38.50"</u> Longitude: <u>89.24.23"</u>
Mailing Address: <u>P.O. Box 22864</u> <u>Jackson MS</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City: _____ State: _____ Zip Code: _____	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. ( ) _____	<u>SW 1/4 NE 1/4 Sec 21</u> ✓ TwN <u>8N</u> Rng <u>14W</u>
	Distance <u>8</u> Miles Direction <u>E</u> of Nearest Town <u>Collins</u>

Well Data	
Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: <u>Fig supply</u>	Date well drilling started: <u>10-1-12</u> Date well drilling completed: <u>10-3-12</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	Static Water Level: <u>148</u> feet above or below (circle one) land surface Date measured: <u>10-3-12</u>
Method of Measurement (circle one): steel tape <u>electric tape</u> air line other: _____	Hole depth: <u>423</u> Well depth: <u>420</u> Well grouted to a depth of <u>20</u> feet
Type of grout (circle one): Cement <u>Bentonite</u> Mix	Casing length: <u>360</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>60</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>320-340</u> feet to <u>380-420</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.

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)

County: Covington  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date completed: 10-3-12  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: H29  
 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>Roundtree</u>	Latitude: <u>31° 38' 50"</u> Longitude: <u>89° 24' 23"</u>
Mailing Address: <u>P.O. Box 22864</u> <u>Jackson MS</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ _____ ¼ _____ ¼ Sec <u>21</u> T <u>8N</u> R <u>14W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____ <u>8</u> Miles <u>E</u> of <u>Collins</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>7.5</u>
Date Pump Installed: <u>10-3-12</u>	Setting Depth: <u>200</u> feet
Rated Pump Capacity: <u>85</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-3-12</u>	<u>Air Line</u> Electric Measuring Line      Steel Tape
Static Water Level (A): <u>148</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>171</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>23</u> Feet Below Land Surface	Well yielded <u>75</u> GPM with a drawdown of
Test Pumping Rate: <u>75</u> Gallons Per Minute	<u>23</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-18  
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 OCT 7 2012  
 BY: OLWR