

# 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: L 40  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Covington  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date drilling completed: 7-20-11

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>Archie Moonie</u>	Latitude: <u>31.36.25.5</u> Longitude: <u>89.25.19.3</u>
Mailing Address: <u>548 Toxie Crasby rd</u> <u>Seminary MS 39479</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE</u> 1/4 <u>NE</u> 1/4 Sec <u>5</u> Twn <u>7N</u> Rng <u>14W</u>
Telephone No. ( ) _____	Distance: <u>6</u> Miles Direction: <u>SE</u> of Nearest Town: <u>Collins</u>

elev  
410'

**Well Data**

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

Date well drilling started: 7-20-11 Date well drilling completed: 7-20-11

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

Static Water Level: 82 feet above or below (circle one) land surface Date measured: 7-20-11

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

Hole depth: 160 Well depth: 140 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 100 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: .008 inches Setting depth: From 100 feet to 140 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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If well telescopes please sketch below and show depths.

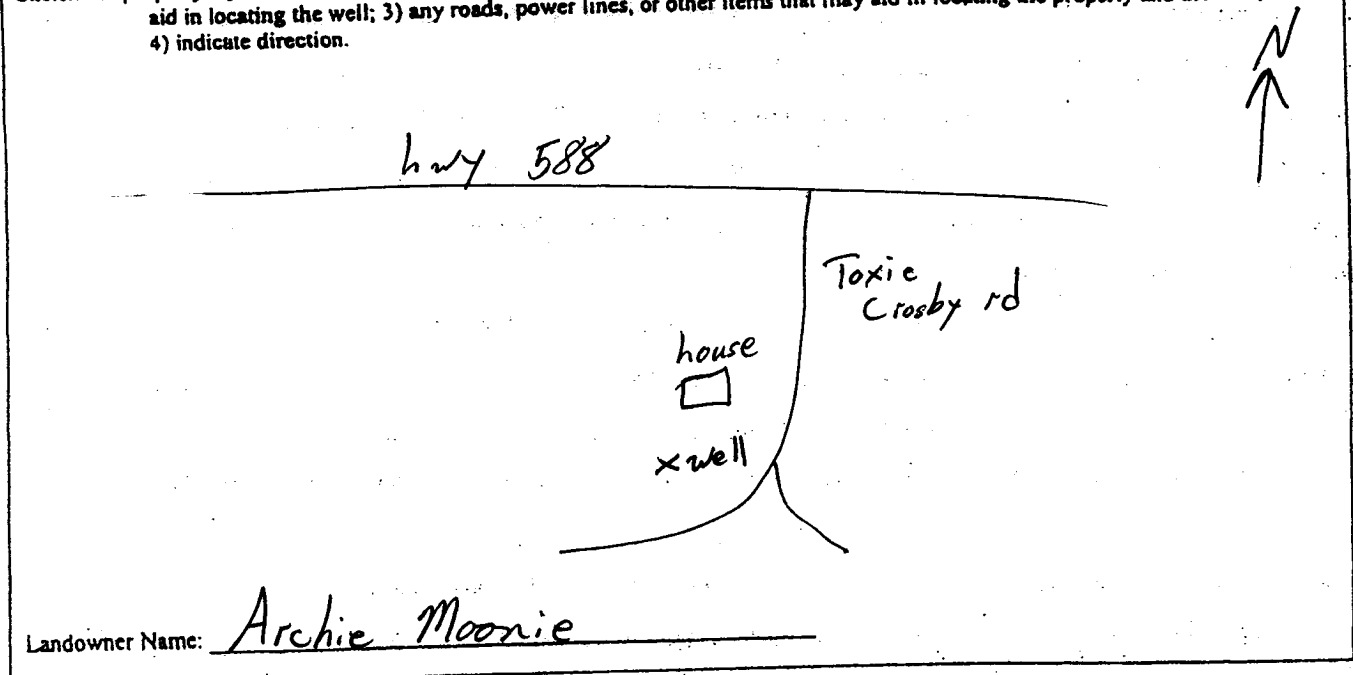
Ground Level

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Description of Formations Encountered	From	To
Clay	0	20
sandy clay	20	60
sand & gravel	60	140
clay	140	160

If 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.



John W. 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)

County: Covington  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date completed: 7-20-11  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: L40  
 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>Archie Moonie</u>	Latitude: <u>31°36'25.5"</u> Longitude: <u>89°25'19.3"</u>
Mailing Address: <u>548 Toxie Crosby rd</u> <u>Serinary MS 39479</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad <input checked="" type="checkbox"/> Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>5</u> T <u>7N</u> R <u>14W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____ <u>6 Miles SE of 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>1</u>
Date Pump Installed: <u>7-20-11</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-20-11</u>	<u>Air Line</u> Electric Measuring Line                      Steel Tape
Static Water Level (A): <u>82</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>87</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of
Test Pumping Rate: <u>15</u> Gallons Per Minute	<u>5</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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BY: OLWR