

# 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 #: M-94  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County Forrest 035  
Permit # \_\_\_\_\_  
Driller: John W. Thompson  
Date drilling completed: 1-25-05

**Thompson Brothers Water Well Service**

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>Delphi Drilling</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>601 St. Charles St.</u> <u>Baton Rouge, LA 70802</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>6</u> Twn <u>15</u> Rng <u>13W</u>
Telephone No. (____) _____	Distance: <u>10</u> Miles Direction: <u>SE</u> of Nearest Town: <u>Lumberton</u>

Well Data

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

Date well drilling started: 1-24-05 Date well drilling completed: 1-25-05

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

Static Water Level: 101' feet above or below (circle one) land surface Date measured: 1-25-05

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

Hole depth: 424 Well depth: 420 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 400 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: .020 inches Setting depth: From 400 feet to 420 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): \_\_\_\_\_

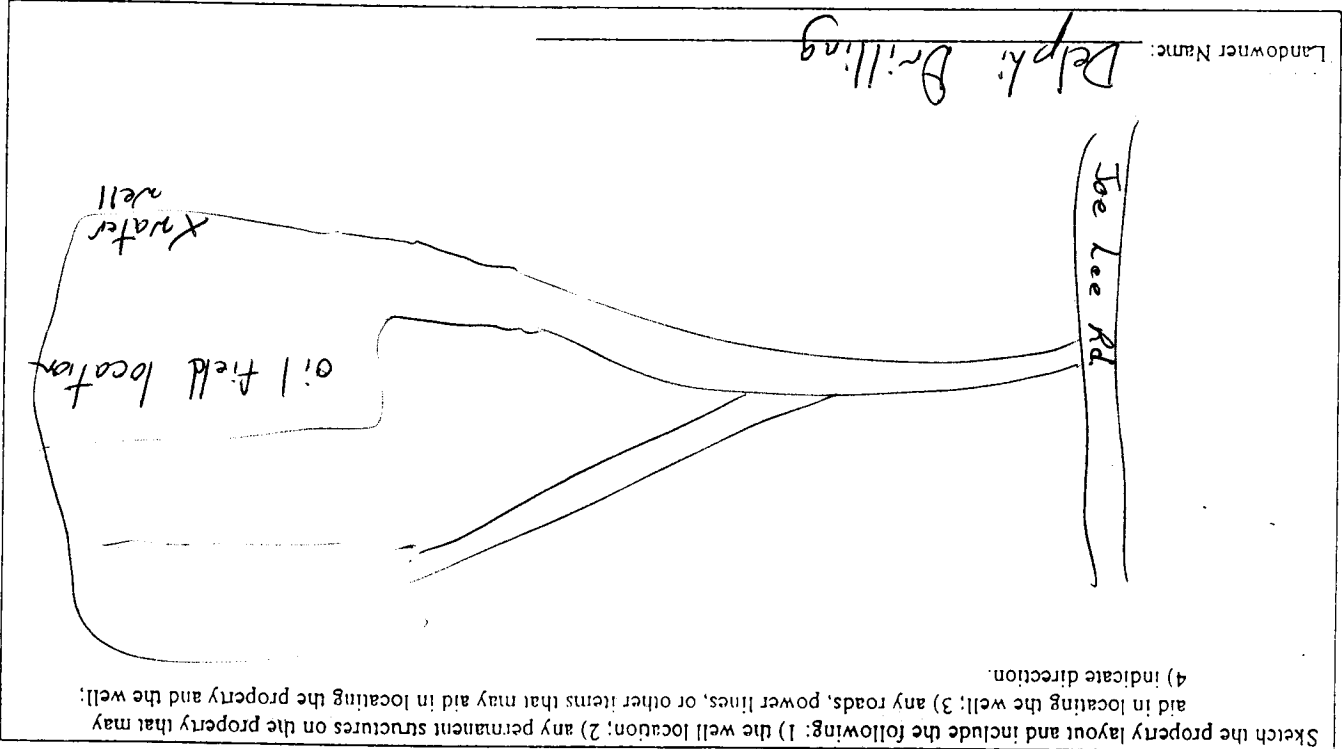
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

John W. Thompson 0-0679  
Print Name of Water Well Contractor and License No.

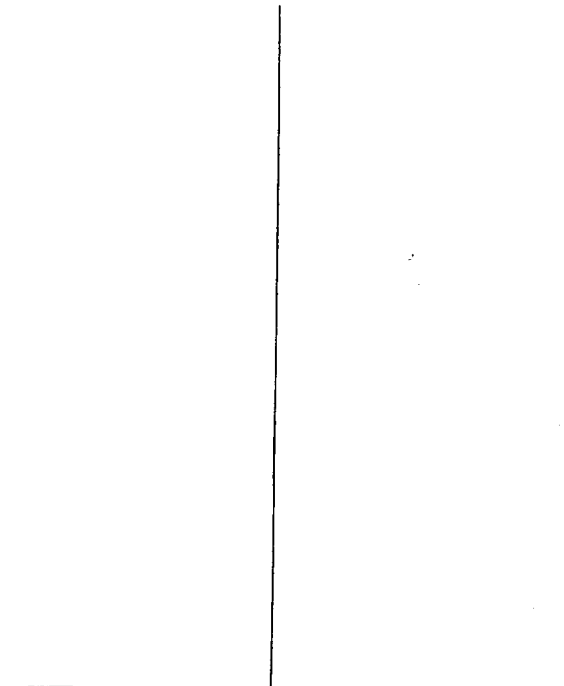
John W. Thompson  
Signature of Water Well Contractor

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**BY: OLWR**

Signature of Water Well Contractor  
*John H. Thompson*



If more than one screen, show location of each on sketch



If well telescopes please sketch below and show depths.

Description of Formations Encountered		From	To
sand + clay		0	30
clay		30	80
clay & sand strips		80	104
med sand		104	120
blue clay		120	130
fine sand & clay strips		130	150
clay		150	180
coarse sand		180	345
clay		345	420
		420	424

Ground Level

# 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: Forrest  
Permit #: \_\_\_\_\_  
Driller: John W. Thompson  
Date completed: 1-25-05

For Office Use Only:

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

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Delphi Drilling</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>601 St. Charles St.</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Baton Rouge, LA 70802</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>6</u> Twn <u>15</u> Rng <u>132</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	<u>10</u> Miles <u>SE</u> of <u>Lumberton</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <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>1-26-05</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-26-05</u>	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>101</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>115</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>14</u> Feet Below Land Surface	Well yielded <u>100</u> GPM with a drawdown of
Test Pumping Rate: <u>100</u> Gallons Per Minute	<u>14</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

John W. Thompson 0-0679 John W. Thompson  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

**BY: OLWR**