

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 #: P-110
L. S. Elevation: _____
E-log #: _____

County: Hinds
Permit #: _____
Driller: John W Thompson
Date drilling completed: 8-1-06

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 & Associates</u> | Latitude: <u>32° 09' 39"</u> Longitude: <u>90° 29' 57"</u> |
| Mailing Address: <u>PO Box 22864</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Jackson MS</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | <u>SW 1/4 NW 1/4 Sec 27 Twn 4 N Rng 32 E</u> |
| Telephone No. () _____ | Distance _____ Miles Direction <u>E</u> of Nearest Town <u>Learned</u> |

Well Data

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

Date well drilling started: 7-27-06 Date well drilling completed: 8-1-06

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

Static Water Level: 119 feet above or below (circle one) land surface Date measured: 8-1-06

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

Hole depth: 400 Well depth: 315 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 255 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: .008 inches Setting depth: From 275-315 feet to 325-345 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. Signature of Water Well Contractor

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AUG 05 2006

BY: OLWEL

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 #: P-110

Elevation: _____

County: Hinds

Permit #: _____

Driller: John W Thompson

Date completed: 8-1-06

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

Owner Name: Roundtree & Associates

Mailing Address: PO Box 22864
Jackson MS

City _____ State _____ Zip Code _____

Telephone No. (____) _____

Well Location

Latitude: _____ Longitude: _____

Method of Lat/Long (circle one): Conventional Survey, _____
 -USGS quad, Hand-held GPS, Survey-grade GPS

_____ 1/4 _____ 1/4 Sec 27 Twn 4N Rng 3W

Distance _____ Direction _____ Nearest Town _____
1 Miles E of Leared

Pump Type
Circle one

Air Lift Jet Submersible

Bucket Piston Turbine

Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 8-1-06

Rated Pump Capacity: 55 Gallons Per Minute

Power Type
Circle one

Diesel Engine Gasoline Engine Natural Gas

Electric Motor Hand Tractor PTO

Windmill Other (specify): _____

Horse Power Rating of Motor: 5

Setting Depth: 260 feet

Number of Stages: _____

Pump Test Data

Date Well Tested: 8-1-06

Static Water Level (A): 119 Feet Below Land Surface

Pumping Water Level (B): 245 Feet Below Land Surface

Drawdown [(B) - (A)]: 126 Feet Below Land Surface

Test Pumping Rate: 45 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
Circle one

Air Line Electric Measuring Line Steel Tape

Other (specify): _____

For flowing well, measured shut in head: _____

Well yielded 45 GPM with a drawdown of
126 feet after 4 hours of pump

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

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 AUG 09 2006
 BY: OLWR