

Davis #1

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 #: J&C
L. S. Elevation: _____
E-log #: _____

County: Holmes
Permit #: _____
Driller: John W Thompson
Date drilling completed: 8-26-09

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>Mason-Hines-Tiggeret</u>	Latitude: <u>33° 09' 53"</u> Longitude: <u>90° 19' 37"</u>
Mailing Address: <u>P.O. Box 3216</u> <u>Ridgeland MS</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1R</u> $\frac{1}{4}$ SW $\frac{1}{4}$ Sec <u>8</u> Twn <u>15N</u> Rng <u>1W</u>
Telephone No. () _____	Distance: <u>5</u> Miles Direction: <u>W</u> of Nearest Town: <u>Tchula</u>

Well Data

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

Date well drilling started: 8-25-09 Date well drilling completed: 8-25-09

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

Static Water Level: 11' feet above or below (circle one) land surface Date measured: 8-25-09

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

Hole depth: 103 Well depth: 100 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 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 80 feet to 100 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.

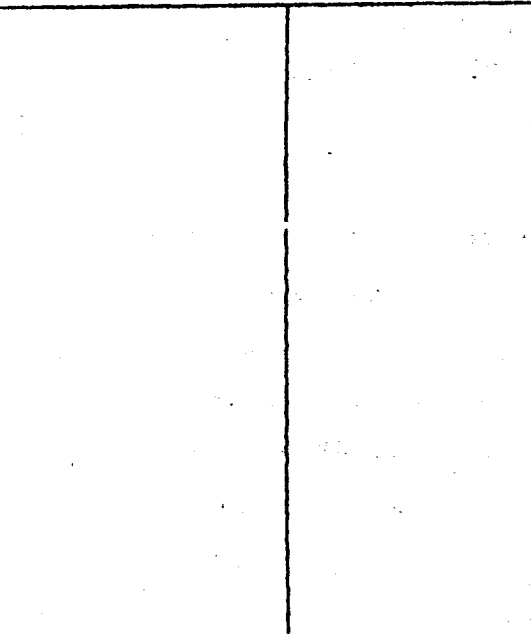
John W Thompson
Signature of Water Well Contractor

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BY: OLWR

J80

If well telescopes please sketch below and show depths

Ground Level



Description of Formations Encountered	From	To
Clay	0	25
Sand & clay	25	50
sand & peb gravel	50	103

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.

Landowner Name: Moon Hines Tiggeret

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)

For Office Use Only:

Aquifer: _____

Well #: J80

Elevation: _____

County: Holmes

Permit #: _____

Driller: John W Thompson

Date completed: 8-26-09

Copy information from block on Part 1

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>Moan Hines Tigeret</u>	Latitude: <u>33-09-53</u>	Longitude: <u>90-19-37</u>			
Mailing Address: <u>P.O. Box 3216</u>	Method of Lat/Long (check one): Conventional Survey _____				
<u>Ridgeland MS</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____				
City _____ State _____ Zip Code _____	<u>12 1/4 SW 1/4 Sec 8 T15N R12W</u>				
Telephone No. () _____	Distance _____	Direction _____	Nearest Town _____		
	<u>5</u> Miles	<u>W</u> of	<u>Tchula</u>		

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>5</u>		
Date Pump Installed: <u>8-26-09</u>			Setting Depth: <u>60</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>8-26-09</u>		Air Line	<u>Electric Measuring Line</u>	Steel Tape
Static Water Level (A): <u>11</u> Feet Below Land Surface		Other (specify): _____		
Pumping Water Level (B): <u>15</u> Feet Below Land Surface		For flowing well, measured shut in head: _____ feet		
Drawdown [(B)-(A)]: <u>4</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>4</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
Print Name of Pump Installer and License No. (if applicable)

John W Thompson
Signature of Pump Installer

Form: OLWR-SWR-1B

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SEP 02 2009

BY: OLWR