

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 #: F17
L. S. Elevation: _____
E-log #: _____

County: Jasper
Permit #: _____
Driller: John W Thompson
Date drilling completed: 10-15-12

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>Brian Pilgrim</u>	Latitude: <u>32.04.14</u> " Longitude: <u>89.10.05</u> "
Mailing Address: <u>215 CR 2345</u> <u>Louis MS 39338</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>
City _____ State _____ Zip Code _____	NW ¼ SW ¼ Sec <u>28</u> Twn <u>3N</u> Rng <u>11E</u>
Telephone No. () _____	Distance _____ Miles Direction <u>27</u> Nearest Town <u>McNeal</u>

Well Data

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

Date well drilling started: 10-11-12 Date well drilling completed: 10-15-12

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

Static Water Level: 116 feet above of below (circle one) land surface Date measured: 10-15-12

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

Hole depth: 530 Well depth: 500 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 420 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 80 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: .008 inches Setting depth: From 420 feet to 500 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.

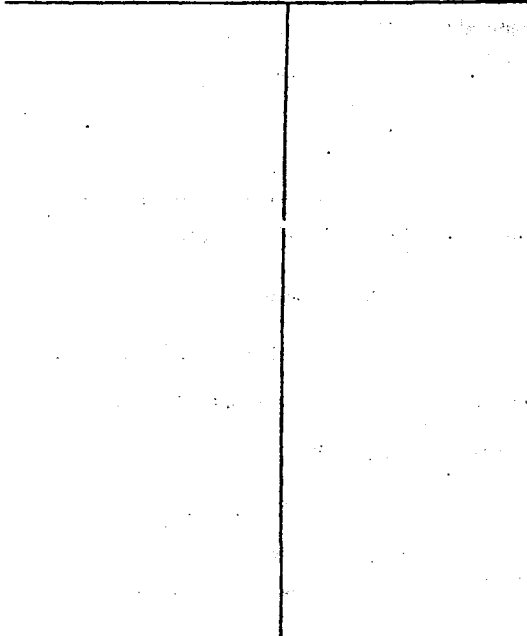
John W Thompson 0-679
Print Name of Water Well Contractor and License No.

John W Thompson
Signature of Water Well Contractor

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OCT 22 2012
BY: OLIVER

If well telescopes please sketch below and show depths.

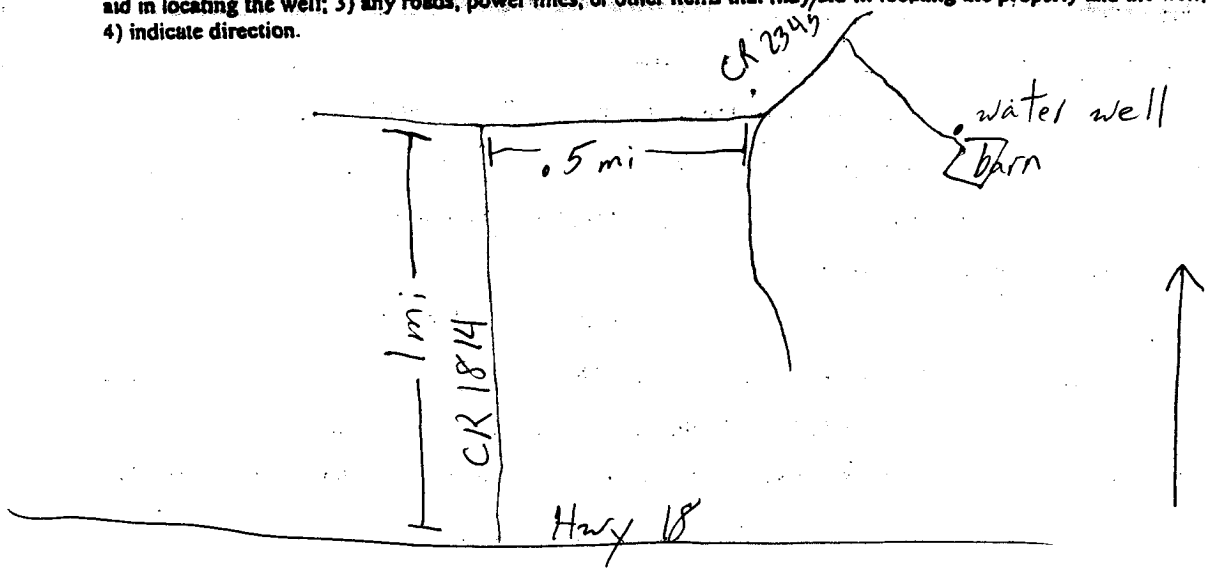
Ground Level



Description of Formations Encountered	From	To
Clay	0	15
blue clay	15	225
soft clay	225	400
clay & sand strips	400	500
hard clay	500	530

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: Brian Pilgrim

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: Jasper
 Permit #: _____
 Driller: John W Thompson
 Date completed: 10-15-12
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: F17
 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>Brian Pilgrim</u>	Latitude: <u>32°04'14"</u> Longitude: <u>89°10'05"</u>
Mailing Address: <u>215 CR 2345</u> <u>Louis MS 39338</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>NW ¼ SW ¼ Sec 38 T 31 N R 11 E</u>
City _____ State _____ Zip Code _____	Distance _____ Direction <u>27</u> Nearest Town _____ <u>2 Miles NW of McNeal</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>3</u>
Date Pump Installed: <u>10-15-12</u>	Setting Depth: <u>180</u> feet
Rated Pump Capacity: <u>27</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-15-12</u>	<u>Air-Line</u> _____ Electric Measuring Line _____ Steel Tape _____
Static Water Level (A): <u>116</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>146</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B)-(A)]: <u>30</u> Feet Below Land Surface	Well yielded <u>30</u> GPM with a drawdown of
Test Pumping Rate: <u>30</u> Gallons Per Minute	<u>30</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) Signature of Pump Installer

Form: OLWR-SWR-1B

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BY: OLWR