Jores 30-3		WELL DEDODT	
T. 005	STATE WELL REPORT For O		For Office Use Only:
County:	Part 1 Driller's Log		Well #:
Permit #:	Mississippi Department of Environmental Quality		Aquifer:
Driller: John W Thompson	Office of Land and Water Resources		E-Log #:
Date drilling completed: 7-24-13	Jacksoi	n, MS 39225-2309	2 205 //-
	· · · · · · · · · · · · · · · · · · ·	01)961-5210 360-0535 (fax)	
	• •		he work and filed with the
State Law requires that this report Department at the above address w	be preparea by the u within 30 days of com	pletion of drilling of the well	or borehole.
Well Owner Informat	ion	Well or Bore	hole Location
(Landowner if borehole is not for	a water well)	Latitude: 31°59'27' Lor	ngitude: 89° 0` 30°
Owner Name: <u>Nound Tree to</u>	Hemciates		e): Conventional Survey,
Mailing Address: 1.0. Box 2	6864		
Jackson 11	25	USGS quad, Hand-held G	PS_V_, Survey-grade GPS
740300		NE NW 14, Sec_	30 T 2N R 13E
City State	Zip Code		1 Heidelberg
•	•	(Distance) (Direction)	(Nearest Town)
Telephone No. ()			
_	Well / Bo	rehole Data	7
Date drilling started: 7-27-13 Date	drilling completed:_	<u>/-24-13</u> Hole depth: <u>430</u>	Hole diameter:
Location of the source of any surface v	water used for drillin	e: Local Cree	2K
Method of dosing and volume of Chlori	ing used in drilling ar	nd development: Mix /	Ogallon bleach invator
Method of dosing and volume of Chlor	ine used in dritting ar	a development	on Other:
Logs run (circle all applicable): No log	rup Electric Gamm	a Ray Density Sonic Neutr	on Other
Name of organization running log(s):			
Purpose of borehole (circle one) Wate	r Well Geotechnic	cal/Geological Investigation	Ground Source Heat Pump
	<del></del>	describe)	
	•	enstruction, skip the remainde	į.
		Public Supply Irrigation	Fish Culture
Purpose of Well (circle all applicable):	,	Public Supply Artigucion	Tion Guitario
Other (describe): rig Supp			
If a flowing well, method of flow regu	lation: Valve	Other (describe)	7 011 12
Static Water Level: 165 fee	et [above or (below	land surface Date measure	ed: <u>7-29-13</u>
Method of measurement (circle one):	Steel tape Electric	cape) Air line Other (describe	":———
Well depth: 420 Well grouted to	a depth of: <u>20</u> f	eet Type of grout (circle one	): Neat Cement Bentonite Mix
Casing length: 340 feet	Casing diameter:	inches Type of	casing: PVC
Screen length: 80 feet		7.1	f screen: PVC
			to 420 feet
Screen slot size:oos_t.010_inche	s Setting depth:		HEUEIV
Type of completion (circle all applical	ble): Gravel packed	Underreamed Open hole	
Other (describe):	· · · · · · · · · · · · · · · · · · ·		AUG 12 P
Top of lap pipe or reduction in casing	: feet		<b>57. 11.</b>

Form: OLWR-SWR-1A (4/13)

The sketch below only required for water wells  If well telescopes, show depths on sketch.  Ground Level	Description of formations encountered and boreholes, unless specifically exem  Description of Formations Encountered  Clay  Sand + Clay  Clay  Clay + Sand	From (depth) Ground level  7.5	To (depth) 50
Ground Level	clay sand + clay Clay	50 7.5	75
	sand + clay  Clay	50 75	75
	Clay	7.5	
	Clay + sand		2.5
	Clay + sand	2011	300
	Sold	1300	360
		360	400
	sand + clay	400	420
· ·	Clay	420	430
		100	730
· · · · · · · · · · · · · · · · · · ·			
more than one screen, show location of each on sketch			
etch the property layout and include the following:  1) the well location  2) any permanent structures on the property that may aid 3) any roads, power lines, or other items that may aid in  4) north arrow	d in locating the well locating the property and the well		
downer Name: Roundtree			
REBY CERTIFY that the well/borehole was drilled, co direments of the Mississippi Department of Environm oplicable, and state laws.	onstructed, and completed in accordance ental Quality and the Mississippi Departm	with all applic ent of Health r	able egulations,
chn W Thompson 0-679 8 t Name of Responsible Licensee and License No.	2-6-13 John Williams	or Bo	

## STATE WELL REPORT

## County: Jasper Permit #: Thompson Driller: John Date completed: 7-24-13

Copy information from block on Part 1

## Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2009 Jackson, MS 39225-2309 (601)961-5210

For C	Office Use Only:
Well #:	Mak
Aquifer:	

(601	) 360-0535 (fax)				
This part of the report must be completed by a licensed water	well contractor or a licensed pump installer. A copy of Part I				
of the report must be attached and both parts filed with the D	epartment at the above address within 30 days of well completion.				
Well Owner Information	Well Location				
Owner Name: Nound Tree + Associates	Latitude: 31°59' 27" Longitude: 29°0'30"				
Mailing Address: 10. Box 22864	Method of Lat/Long (check one): Conventional Survey,				
Jackson MS	USGS quad, Hand-held GPS, Survey-grade GPS				
City State Zip Code	NE 14 NW 14, Sec 30 T 2N R 13E				
	(Distance) (Direction) (Nearest Town)				
Telephone No. ()	(Distance) (Direction) (Nearest Town)				
Pump Typ	pe (circle one)				
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):				
Date Pump Installed: 7-24-13 Rated Pump Capacity: 53 Gallons Per Minute					
Is This Pump (circle one): New Repaired Replacement					
Power Type (circle one)					
	dmill Other (describe):				
Horse Power Rating of Motor: 7.5 Setting Dept	h: <u>270</u> feet Number of Stages:				
	for Non Flowing Well				
l	Duration of Pump Test (minimum 4 hours): hours				
Static Water Level (A): 165 Feet Below Land Surface	Pumping Water Level (B): Feet Below Land Surface				
Drawdown [(B) - (A)]: 35 Feet Below Land Surface Test Pumping Rate: 70 Gallons Per Minute					
Method of measurement (circle one): Steel tape Electric ta	ape Air line Other (describe):				
	ta for Flowing Well				
Measured shut in head:feet.	İ				
Well yieldedGPM with a drawdown of	feet afterhours of pumping				
Meter	Installation				
Meter Manufacturer:	Meter Serial Number:				
Meter Model Number/Name:	Type of Meter:				
Totalizer Register Unit and Multiplier Factor (AF x .001, gal	x 1000, etc):				
Installation Date: Meter installed by:					
Is This Meter (circle one): New Repaired Replaceme	ent				
Important: By submitting the above information you are co For agricultural wells, a list of ap	ertifying that this meter was installed to manufacturer standards. proved meters is on the MDEQ website.				
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.					
John W Thompson 0-679 8-6-13 John W Thompson 2					
Print Name of Pump Installer and License No. (if applicable	) Date Signature of Pump installer, Form: OLWR-SWR-1B (41.2)				
	TOTAL CETT STATE OF BELL TO BE				