

### 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)354-8938 (FAX)~~  
601-360-0555

For Office Use Only:

Asst. # P65  
Vol # \_\_\_\_\_  
Elev. # \_\_\_\_\_  
Log # \_\_\_\_\_

County Jasper  
Permit # \_\_\_\_\_  
Driller Cain  
Date drilling completed: 5-8-2010

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.

<b>Well Owner Information</b>		<b>Well Location</b>	
Owner Name: <u>Mingo Thamez</u>	Latitude: <u>31.57.09</u>	Longitude: <u>89.02.17</u>	
Mailing Address: <u>Box 53</u>	Method of Lat/Long (circle one): <input checked="" type="checkbox"/> Conventional Survey.		
<u>County RJ 141</u>	USGS quad. <u>Hand-held GPS, Survey-grade GPS</u>		
<u>Hindelsberg MS 39437</u>	<u>S4 1/4 Sec 2</u>	<u>Twn 4 N</u>	<u>Range 12 E</u>
City _____ State _____ Zip Code _____	Distance _____ Miles	Direction <u>NW</u>	Nearest Town <u>Hockley MS</u>
Telephone No. <u>(601) 787-3865</u>			

**Well Data**

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

Date well drilling started: 5-2-2010 Date well drilling completed: 5-8-2010

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

Static Water Level: 160 feet above or below (circle one) land surface Date measured: 5-8-2010

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

Hole depth: 520 Well depth: 520 Well grouted to a depth of: 10 feet

Type of grout (circle one):  Cement  Bentonite  Mix

Casing length: 482 feet Casing diameter: 4.82 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 2 inches Type of screen: PVC

Screen slot size: 10 inches Setting depth: From 490 feet to 530 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: 360 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.

Print Name of Water Well Contractor and License No. Mc Water Well Drilling 0-374 Signature of Water Well Contractor Nelson Cain

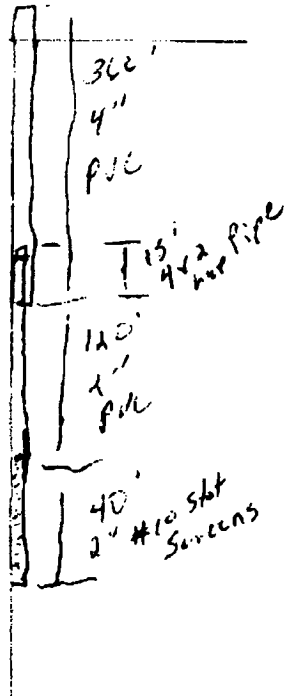
Test Pumping Rate: <u>10</u> Gallons Per Minute	Well yielded <u>10</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<u>15</u> feet after <u>4</u> hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Print Name of Pump Installer and License No. (if applicable) Mc Water Well Drilling 0-374 Signature of Pump Installer Nelson Cain

If well id types please sketch below and show depths.

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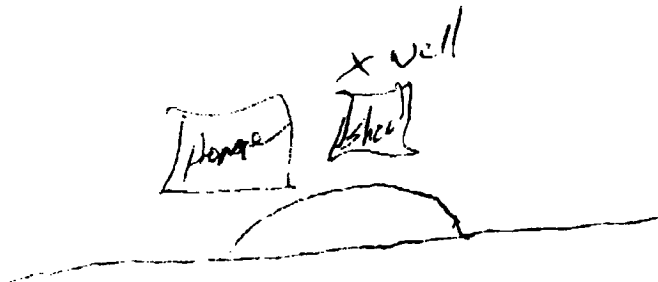
Ground Level



Description of Formations Encountered	From	To
Top Soil & Clay	0	40
Sand	40	60
Clay	60	210
Slaty Sand	210	220
Clay	220	370
Sand & Shale	370	420
Clay	420	435
Sand	435	500

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: Ming & Thomas

Nelson Cain  
 Signature of Water Well Contractor

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# 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:**

Appr for \_\_\_\_\_  
 Well # \_\_\_\_\_  
 Elevation \_\_\_\_\_

County: Jasper  
 Perm # \_\_\_\_\_  
 Driller: Cain  
 Date completed: 5-8-2010

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>Mrs. James</u> Mailing Address: <u>Box 55</u> <u>County Rd 141</u> <u>Heidelberg, Mo 63437</u> (City) (State) (Zip Code) Telephone No: <u>601-787-3365</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad: _____ Hand held GPS, Survey grade GPS <u>S 1/4 E 1/4 Sec 2 Twp 11N Rng 12E</u> Distance: _____ Direction: _____ Nearest Town: _____ <u>4 Miles N of Heidelberg, Mo</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> Bucke: <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input checked="" type="checkbox"/> <u>Electric Motor</u> Centrifugal: <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>5-5-2010</u> Rated Pump Capacity: <u>10</u> Gallons Per Minute	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>1 HP</u> Setting Depth: <u>220</u> feet Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-5-2010</u> Static Water Level (A): <u>160</u> Feet Below Land Surface Pumping Water Level (B): <u>185</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>25</u> Feet Below Land Surface Test Pumping Rate: <u>10</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> Other (specify): <u>String</u> For flowing well, measured shut in head: _____ feet Well yielded <u>10</u> GPM with a drawdown of <u>25</u> feet after <u>4</u> hours of pumping

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

Miss Water Well Drilling 0-374  
 Print Name of Pump Installer and License No. (if applicable)

Theron Cain  
 Signature of Pump Installer