

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: U52
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Jasper
Permit #: _____
Driller: John W Thompson
Date drilling completed: 8-27-10

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>Robert Smith</u>	Latitude: <u>31.50.38"</u> Longitude: <u>88.58.56"</u>
Mailing Address: <u>412 Hwy 11</u> <u>Heidelberg MS 39439</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 SW 1/4 Sec 10 Twn 10N Rng 10W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>3</u> Miles Direction: <u>N</u> of Nearest Town: <u>Sandersville</u>
Telephone No. (____) _____	

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Poultry farm
Date well drilling started: 8-24-10 Date well drilling completed: 8-27-10
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 176 feet above of below (circle one) land surface Date measured: 8-27-10
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 600 Well depth: 570 Well grouted to a depth of 20 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 510 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 510 feet to 570 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: OJWR

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
clay	0	30
sand	30	50
yellow clay	50	55
blue clay	55	105
rock & clay strips	105	160
clay & fine sand strips	160	190
clay	190	420
sandy clay	420	520
sand	520	570
clay	570	600

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.

□ house

Landowner Name: Robert Smith

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: U52
 Well #: _____
 Elevation: _____

County: Jasper
 Permit #: _____
 Driller: John W Thompson
 Date completed: 8-27-10
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>Robert Smith</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>412 Hwy 11</u> <u>Heidelberg MS 39439</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>10</u> T <u>10N</u> R <u>10W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. () _____	<u>3</u> Miles <u>N</u> of <u>Sandersville</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>9-2-10</u>	Setting Depth: <u>280</u> feet
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-27-10</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>176</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>221</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>45</u> Feet Below Land Surface	Well yielded <u>50</u> GPM with a drawdown of
Test Pumping Rate: <u>50</u> Gallons Per Minute	<u>45</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

John W Thompson 0-679 John W Thompson
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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SEP 09 2010

BY: OLWR