

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-80
L. S. Elevation: _____
E-log #: _____

County: Jeff Davis
Permit #: _____
Driller: John W. Thompson
Date drilling completed: 12-6-06

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>Gungoll</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 18466</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Oklahoma City, OK 73159</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>19</u> Twn <u>6N</u> Rng <u>18W</u>
Telephone No. () _____	Distance <u>6</u> Miles <u>SW</u> Direction of <u>Bassfield</u> Nearest Town

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>rig supply</u>	
Date well drilling started: <u>12-5-06</u>	Date well drilling completed: <u>12-6-06</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>87</u> feet above or below (circle one) land surface	Date measured: <u>12-6-06</u>
Method of Measurement (circle one) steel tape <input checked="" type="radio"/> electric tape _____ air line _____ other: _____	
Hole depth: <u>243</u> Well depth: <u>240</u> Well grouted to a depth of <u>20</u> feet	
Type of grout (circle one) Cement <input checked="" type="radio"/> Bentonite _____ Mix _____	
Casing length: <u>220</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC slotted</u>	
Screen slot size: <u>.020</u> inches Setting depth: From <u>220</u> feet to <u>240</u> feet	
Type of completion (circle all applicable): Gravel packed _____ Underreamed _____ Telescoped _____ Open hole _____ <input checked="" type="radio"/> 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): <input checked="" type="radio"/> 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

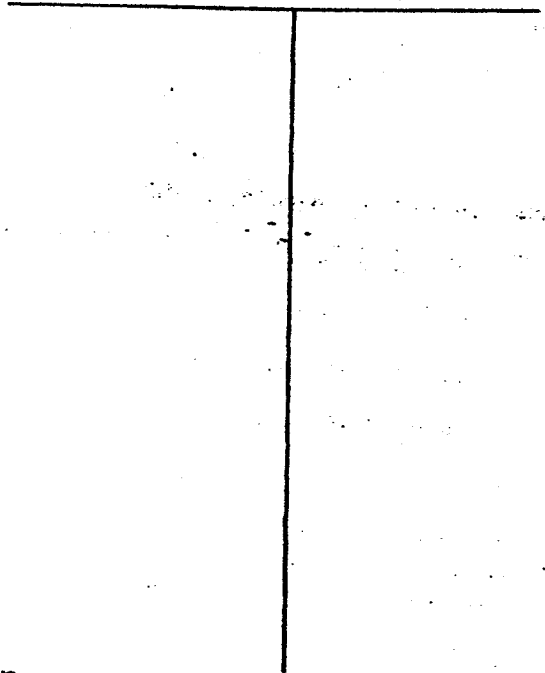
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DEC 29 2006

BY: OIWB

If well telescopes please sketch below and show depths.

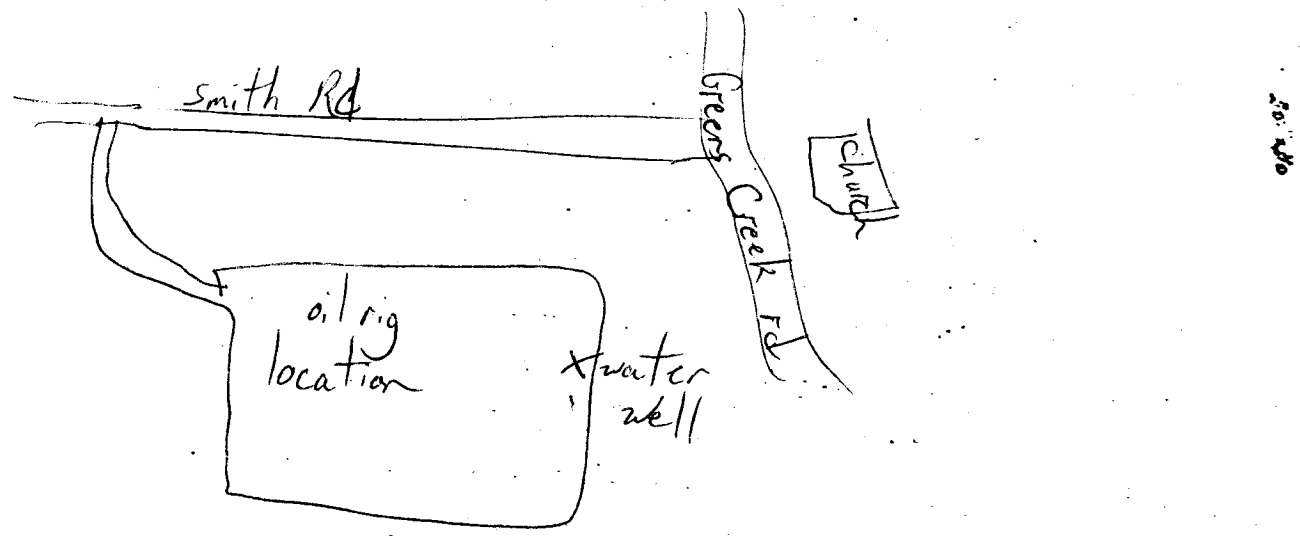
Ground Level



Description of Formations Encountered	From	To
sand	0	10
clay	10	140
sand	140	240
sand	240	245

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: Gungoll

John W. Stamps
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: Jeff Davis
Permit #: _____
Driller: John W Thompson
Date completed: 12-6-06

For Office Use Only:
Aquifer: _____
Well #: J-80
Elevation: _____

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>Gungoll</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 18466</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Oklahoma City OK 73154</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>19</u> Twn <u>6N</u> Rng <u>8W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>6</u> Miles <u>SW</u> of <u>Bastfield</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift	<input type="checkbox"/> Diesel Engine
<input type="checkbox"/> Bucket	<input checked="" type="checkbox"/> Electric Motor
<input type="checkbox"/> Centrifugal	<input type="checkbox"/> Gasoline Engine
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Hand
Date Pump Installed: <u>12-7-06</u>	<input type="checkbox"/> Natural Gas
Rated Pump Capacity: <u>85</u> Gallons Per Minute	<input type="checkbox"/> Tractor PTO
	Windmill Other (specify): _____
	Horse Power Rating of Motor: <u>7 1/2</u>
	Setting Depth: <u>160</u> feet
	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-7-06</u>	<input checked="" type="checkbox"/> Air Line
Static Water Level (A): <u>87</u> Feet Below Land Surface	<input type="checkbox"/> Electric Measuring Line
Pumping Water Level (B): <u>94</u> Feet Below Land Surface	<input type="checkbox"/> Steel Tape
Drawdown [(B) - (A)]: <u>7</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>100</u> Gallons Per Minute	For flowing well, measured shut in head: _____ feet
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Well yielded <u>100</u> GPM with a drawdown of
	<u>7</u> feet after <u>4</u> hours of pumping

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

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