

Kiesling #7

# 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-86  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jeff Davis  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date drilling completed: 8-18-07

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>Tellus Operating</u>		Latitude:	<u>31° 29' 16" Longitude: 89° 49' 17"</u>	
Mailing Address:	<u>P.O. Box 14108</u> <u>Jackson Ms</u>		Method of Lat/Long (circle one):	<u>Conventional Survey,</u> USGS quad, Hand-held GPS, Survey-grade GPS	
City	State	Zip Code		<u>SW 1/4 NW 1/4 Sec 16 Twn 6N Rng 18W</u>	
Telephone No. ( )	_____		Distance	Direction	Nearest Town
	_____		<u>5</u> Miles	<u>S</u> of	<u>Prentiss</u>

**Well Data**

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

Date well drilling started: 8-17-07 Date well drilling completed: 8-18-07

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

Static Water Level: 115 feet above or below (circle one) land surface Date measured: 8-18-07

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

Hole depth: 283 Well depth: 280 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 260 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: .020 inches Setting depth: From 260 feet to 280 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): \_\_\_\_\_

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BY: JOLWR

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



# 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: \_\_\_\_\_

Well #: J-86

Elevation: \_\_\_\_\_

County: Jeff Davis

Permit #: \_\_\_\_\_

Driller: John W Thompson

Date completed: 8-18-07

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>Tellus Operating</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 14108</u>	Method of Lat/Lang (circle one): <input type="checkbox"/> Conventional Survey,
<u>Jackson MS</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>16</u> Twn <u>6N</u> Rng <u>8W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>5</u> Miles <u>S</u> of <u>Merits</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill     Other (specify): _____ Horse Power Rating of Motor: <u>7 1/2</u> Soring Depth: <u>180</u> feet Number of Stages: _____
Date Pump Installed: <u>8-18-07</u>	
Rated Pump Capacity: <u>85</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-18-07</u>	<input type="checkbox"/> Air Line <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape Other (specify): _____
Static Water Level (A): <u>115</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Pumping Water Level (B): <u>138</u> Feet Below Land Surface	Well yielded <u>100</u> GPM with a drawdown of
Drawdown [(B) - (A)]: <u>23</u> Feet Below Land Surface	<u>23</u> feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>100</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

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

John W Thompson  
 Signature of Pump Installer