

# 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)

County: Jeff Davis  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date drilling completed: 10-5-07

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: J-88  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

**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> <u>Oklahoma City OK 73151</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>20</u> Twn <u>6N</u> Rng <u>18W</u>
Telephone No. (____) _____	Distance _____ Miles Direction <u>SW</u> of Nearest Town <u>Garfield</u>

**Well Data**

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

Date well drilling started: 10-4-07 Date well drilling completed: 10-5-07

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

Static Water Level: 145 feet above or below (circle one) land surface Date measured: 10-5-07

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

Hole depth: 353 Well depth: 340 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement  Bentonite \_\_\_\_\_ Mix \_\_\_\_\_

Casing length: 300 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: .010 inches Setting depth: From 300 feet to 340 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. 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 39288-0631  
 (601)961-5210  
 (601)354-6933 (fax)

Owner: Jeff Davis  
 Permit #: \_\_\_\_\_  
 Driller: John W. Thompson  
 Date completed: 10-5-07

For Office Use Only

Applicator: \_\_\_\_\_  
 Well #: J-88  
 Elevator: \_\_\_\_\_

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>Gungall</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 18466</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Oklahoma City, OK</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>20</u> Twp <u>6N</u> Rng <u>18W</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town _____
	<u>5</u> miles <u>SW</u> of <u>Basfield</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>10-5-07</u> Rated Pump Capacity: <u>85</u> Gallons Per Minute	<input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Windmill Name Power Rating of Motor: <u>7 1/2</u> Setting Depth: <u>200</u> feet Number of Stages: _____
	<input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-5-07</u>	Air Line <input type="checkbox"/> <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>145</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>154</u> Feet Below Land Surface	For flowing well, measured static in back: _____ feet
Drawdown (B)-(A): <u>9</u> Feet Below Land Surface	Well yielded <u>100</u> GPM with a drawdown of
Test Pumping Rate: <u>100</u> Gallons Per Minute	<u>9</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> 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