

applewhite 4-7

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 #: K-66
L. S. Elevation: _____
E-log #: _____

County: Jeff Davis
Permit #: _____
Driller: John W Thompson
Date drilling completed: 4-17-08

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>Roundtree & Associates</u>	Latitude: <u>31° 31' 04"</u> Longitude: <u>84° 42' 40"</u>
Mailing Address: <u>P.O. Box 22864</u> <u>Jackson MS 39225</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: _____	<u>SW 1/4 NE 1/4 Sec 4 Twn 6 N Rng 17 W</u>
Telephone No. (): _____	Distance: <u>2</u> Miles Direction: <u>NE</u> of Nearest Town: <u>Passfield</u>

Well Data

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

Date well drilling started: 4-17-08 Date well drilling completed: 4-17-08

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

Static Water Level: 58 feet above or below (circle one) land surface Date measured: 4-17-08

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

Hole depth: 135 Well depth: 140 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite _____ Mix _____

Casing length: 120 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 120 feet to 140 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: OLWR

K-66.

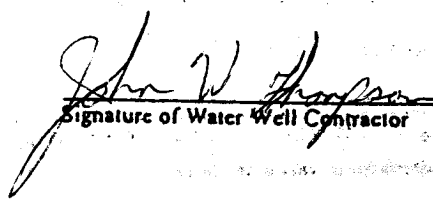
clay	0	14
sand & gravel	14	25
clay	25	102
sand & clay	102	120
sand	120	145
clay	145	165

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.

The sketch shows a rectangular area representing the property. On the left side, there is a box labeled "oil rig location" with "x.w.d." written below it. A line representing a road, labeled "Williamsburg rd", runs from the bottom left towards the top right. At the top right end of this road, there is a structure labeled "2 br. dge". An arrow points upwards from the road area towards the top of the sketch. The entire sketch is enclosed in a rectangular border.

Landowner Name: Roundtree & Associates


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)354-8938 (fax)

For Office Use Only:

Aquifer: _____

Well #: K-66

Elevation: _____

County: Jeff Davis
Permit #: _____
Driller: John W. Thompson
Date completed: 4-17-08

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>Randtree & Associates</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 22864</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey,
<u>Jackson MS 39225</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>4</u> Twp <u>6N</u> Rng <u>17W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>2</u> Miles <u>NE</u> of <u>Bassfield</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"/> Hand
	<input type="checkbox"/> Natural Gas
	<input type="checkbox"/> Tractor PTO
	<input type="checkbox"/> Windmill
	Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>4-17-08</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>85</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-17-08</u>	<input type="checkbox"/> Air Line
Static Water Level (A): <u>58</u> Feet Below Land Surface	<input checked="" type="checkbox"/> Electric Measuring Line
Pumping Water Level (B): <u>69</u> Feet Below Land Surface	<input type="checkbox"/> Steel Tape
Drawdown ((B)-(A)): <u>11</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>11</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 John W. Thompson
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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