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THOMPSON BROTHERS DRILLIN

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State Well Report

Part I

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: Jones
 Permit #: _____
 Driller: Pat Thompson
 Date drilling completed: 1-29-01

For Office Use Only:
 Aquifer: _____
 Well #: A-122
 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>Ron Gavin</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Hwy 28</u> <u>Soso</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: _____	<input type="radio"/> 1/4 <input type="radio"/> 1/2 Sec. <u>23</u> Twn <u>9N</u> Rng <u>13W</u>
Telephone No. (____) _____	Distance _____ Miles _____ Direction _____ of _____ Nearest Town <u>Soso</u>

Well Data

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

Date well drilling started: _____ Date well drilling completed: 1-29-01

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

Static Water Level: 157 feet above or below (circle one) land surface Date measured: 1-29-01

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

Hole depth: 400 Well depth: 370 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 340 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: .010 inches Setting depth: From 340 feet to 370 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 screens, 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.

J.P. THOMPSON 0-624
 Print Name of Water Well Contractor and License No.

J.P. Thompson
 Signature of Water Well Contractor

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THOMPSON BROTHERS DRILLIN

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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 39219-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: A-122
 Elevation: _____

County: Jones
 Permit #: _____
 Driller: Pat Thompson
 Date completed: 1-29-01

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>Ron Gavin</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Hwy 28</u> <u>Soso MS</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	<u>1/4</u> <u>1/4</u> Sec <u>23</u> Twn <u>9N</u> Rng <u>13W</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____ <u>1</u> Miles <u>S</u> of <u>Soso</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>1-29-01</u> Rated Pump Capacity: <u>35</u> Gallons Per Minute	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>220</u> feet Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-29-01</u> Static Water Level (A): <u>157</u> Feet Below Land Surface Pumping Water Level (B): <u>182</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>25</u> Feet Below Land Surface Test Pumping Rate: <u>50</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>50</u> GPM with a drawdown of <u>25</u> feet after <u>4</u> hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
J.P. THOMPSON 0-624 J.P. Thompson
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer