

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)

For Office Use Only:

Aquifer: _____
Well #: C-218
L. S. Elevation: _____
E-log #: _____

County: Jones
Permit #: _____
Driller: John W Thompson
Date drilling completed: 8-3-07

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>Fred Holmes</u>	Latitude: _____ Longitude: _____	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	
Mailing Address: <u>Clairborne rd</u> <u>Sandersville MS</u>	_____ 1/4 _____ 1/4 Sec <u>25</u> Twn <u>10N</u> Rng <u>11W</u>	Distance _____ Miles Direction <u>NW</u> of Nearest Town <u>Sandersville</u>	
City _____ State _____ Zip Code _____	Well Data		
Telephone No. () _____	Purpose of Well (circle one) Home Industrial Public Supply <input checked="" type="radio"/> Irrigation Fish Culture Other: _____		
	Date well drilling started: <u>8-3-07</u> Date well drilling completed: <u>8-3-07</u>		
	If flowing, method of flow regulation: Valve _____ Other (describe) _____		
	Static Water Level: <u>47</u> feet above or below (circle one) land surface Date measured: <u>8-3-07</u>		
	Method of Measurement (circle one) steel tape <input checked="" type="radio"/> electric tape air line other: _____		
	Hole depth: <u>120</u> Well depth: <u>120</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>100</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>.010</u> inches Setting depth: From <u>100</u> feet to <u>120</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.			
Print Name of Water Well Contractor and License No. <u>John W Thompson O-679</u>		Signature of Water Well Contractor <u>John W Thompson</u>	

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C-218

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
sand & clay	0	10
clay	10	55
sand	55	120

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: Fred Holmes

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 #: C-218

Elevation: _____

County: Jones
 Permit #: _____
 Driller: John W. Thompson
 Date completed: 8-3-07

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>Fred Holmes</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Claborn, rd</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>Sandersville, MS</u>	<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 _____ 1/4 Sec <u>25</u> Twn <u>10N</u> Rng <u>11W</u>
Telephone No. () _____	Distance: <u>2</u> Miles Direction: <u>NW</u> of Nearest Town: <u>Sandersville</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>8-3-07</u>	<input type="checkbox"/> Natural Gas
Rated Pump Capacity: <u>55</u> Gallons Per Minute	<input type="checkbox"/> Tractor PTO
<input type="checkbox"/> Jet	Windmill
<input checked="" type="checkbox"/> Submersible	Other (specify): _____
<input type="checkbox"/> Turbine	Horze Power Rating of Motor: <u>3</u>
<input type="checkbox"/> Flowing Well	Setting Depth: <u>100</u> feet
	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-3-07</u>	<input type="checkbox"/> Air Line
Static Water Level (A): <u>47</u> Feet Below Land Surface	<input checked="" type="checkbox"/> Electric Measuring Line
Pumping Water Level (B): <u>56</u> Feet Below Land Surface	<input type="checkbox"/> Steel Tape
Drawdown [(B) - (A)]: <u>9</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>60</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>60</u> GPM with a drawdown of
	<u>9</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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