

# 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: Jones  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date drilling completed: 2-12-08

### For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: C-228  
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>Jim Webb</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Thunder rd</u> <u>Laurel MS</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	____ 1/4 ____ 1/4 Sec <u>7</u> Twn <u>9N</u> Rng <u>11W</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town _____ <u>3</u> Miles <u>N</u> of <u>Laurel</u>

**Well Data**

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

Date well drilling started: 12-12-08 Date well drilling completed: 12-12-08

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

Static Water Level: 68 feet above of below (circle one) land surface Date measured: 12-12-08

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

Hole depth: 220 Well depth: 200 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bedstone Mix

Casing length: 160 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 160 feet to 200 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

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top Soil	0	5
clay	5	30
sand & clay strips	70	144
rock	144	145
sand	145	150
clay	150	158
sand + clay strips	158	200
clay	200	220

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 property layout with the following features: Hwy 15 on the left, Houston rd at the bottom, Cedar Creek rd on the left side, and Thunder rd running vertically. A well house is located at the top right, connected to Thunder rd. A pond is situated to the left of the well house. The word 'land' is written near the pond. The word 'well house' is written near the top right structure.

Landowner Name: Jim Webb

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-228

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

County: Jones  
 Permit #: \_\_\_\_\_  
 Driller: John W. Thompson  
 Date completed: 2-12-08

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>Jim Webb</u> Mailing Address: <u>Thunder rd</u> <u>Laurel MS</u> _____ City                          State                          Zip Code Telephone No. ( ) _____	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>7</u> Twn <u>9N</u> Rng <u>11W</u> Distance                    Direction                    Nearest Town <u>3</u> Miles <u>N</u> of <u>Laurel</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> <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): _____ Date Pump Installed: <u>2-12-08</u> Rated Pump Capacity: <u>10</u> Gallons Per Minute	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill                Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>100</u> feet Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-12-08</u> Static Water Level (A): <u>68</u> Feet Below Land Surface Pumping Water Level (B): <u>73</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface Test Pumping Rate: <u>15</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	<input type="checkbox"/> Air Line <input checked="" type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>15</u> GPM with a drawdown of <u>5</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  
 Print Name of Pump Installer and License No. (if applicable)

John W. Thompson  
 Signature of Pump Installer

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