

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 #: D-188
L. S. Elevation: _____
E-log #: _____

County Jones 067
Permit # _____
Driller: John W. Thompson
Date drilling completed: 12-28-04

Thompson Brothers Water Well Service

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>Jody Nichols</u>	Latitude: <u>31° 41' 54"</u> Longitude: <u>88° 57' 24"</u>
Mailing Address: <u>Mill Creek 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: _____	<u>SE</u> 1/4 <u>SW</u> 1/4 Sec <u>36</u> Twn <u>9N</u> Rng <u>10W</u>
Telephone No: <u>(601) 580-1894</u>	Distance: <u>9</u> Miles Direction: <u>East</u> of Nearest Town: <u>Laurel</u>

Well Data

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

Date well drilling started: 12-28-04 Date well drilling completed: 12-28-04

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

Static Water Level: 30 feet above or below (circle one) land surface Date measured: 12-28-04

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

Hole depth: 210 Well depth: 208 Well grouted to a depth of 50 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length 188 feet Casing diameter: 4 inches Type of casing: PVC

Screen length 20 feet Screen diameter: 4 inches Type of screen: PVC Sbt'd

Screen slot size: .008 inches Setting depth: From 178 feet to 198 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 0-0679
Print Name of Water Well Contractor and License No.

John W. Thompson
Signature of Water Well Contractor

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JAN 10 2005
BY: OLWR

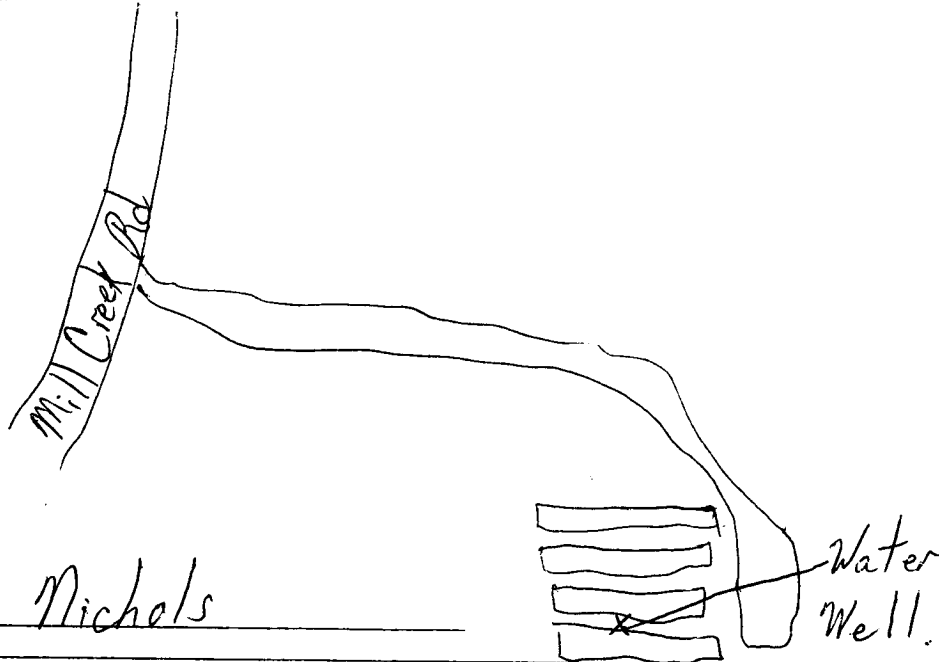
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
clay	0	22
sand & clay strips	22	65
clay	65	110
white clay & fine sand	110	160
clay	160	180
med. sand	180	195
clay	195	210

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: Jody Michels

John 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 #: D-188
Elevation: _____

County: Jones
Permit #: _____
Driller: John W. Thompson
Date completed: 12-28-09

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>Jody Nichols</u>	Latitude: <u>31° 41'</u> Longitude: <u>88° 57'</u>
Mailing Address: <u>Mill Creek 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 _____	<u>SE</u> ¼ <u>SW</u> ¼ Sec <u>36</u> Twn <u>9N</u> Rng <u>10W</u>
Telephone No. <u>(601) 580-1894</u>	Distance _____ Direction _____ Nearest Town _____ <u>9</u> Miles <u>East</u> of <u>Laurel</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>1-4-04</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-5-04</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>20</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>75</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>55</u> Feet Below Land Surface	Well yielded <u>70</u> GPM with a drawdown of
Test Pumping Rate: <u>70</u> Gallons Per Minute	<u>55</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 0-0679
Print Name of Pump Installer and License No. (if applicable)

John W. Thompson
Signature of Pump Installer

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JAN 10 2005

BY: OLWR