

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 #: E-57
L.S. Elevation: _____
E-log #: _____

County: Jones
Permit #: _____
Driller: John W. Thompson
Date drilling completed: 8-10-05

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>Jerry Edwards</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>233 Blackwell Loop</u> <u>Ellisville MS 39447</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>29</u> Twn <u>8N</u> Rng <u>13W</u>
Telephone No. (____) _____	Distance: <u>8</u> Miles Direction: <u>W</u> of Nearest Town: <u>Ellisville</u>

Well Data

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

Date well drilling started: 8-10-05 Date well drilling completed: 8-10-05

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

Static Water Level: 34 feet above or below (circle one) land surface Date measured: 8-10-05

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

Hole depth: 165 Well depth: 160 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 140 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: .010 inches Setting depth: From 140 feet to 160 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: _____

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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 John W. Thompson
Print Name of Water Well Contractor and License No. 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 #: E-57

Elevation: _____

County: Jones
 Permit #: _____
 Driller: John W. Thompson
 Date completed: 8-10-05

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>Jerry Edwards</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>233 Blackwell loop</u> <u>Ellisville, 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>29</u> Twn <u>8N</u> Rng <u>13W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ <u>8</u> Miles <u>W</u> of <u>Ellisville</u>

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <u>Submersible</u> Bucket _____ Piston _____ Turbine _____ Centrifugal _____ Rotary _____ Flowing Well _____ Other (specify): _____ Date Pump Installed: <u>8-11-05</u> Rated Pump Capacity: <u>19</u> Gallons Per Minute	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____ <u>Electric Motor</u> _____ Hand _____ Tractor PTO _____ Windmill _____ Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>60</u> feet Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): <u>34</u> Feet Below Land Surface Pumping Water Level (B): <u>40</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>6</u> Feet Below Land Surface Test Pumping Rate: <u>25</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line _____ <u>Electric Measuring Line</u> _____ Steel Tape _____ Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>25</u> GPM with a drawdown of <u>6</u> feet after <u>4</u> hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

AUG 15 2005
BY OLWA

John W. Thompson 0-0679
 Print Name of Pump Installer and License No. (if applicable)

John W. Thompson
 Signature of Pump Installer