

Part 2 never received 3/13

# 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 #: F-99  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: JONES  
Permit #: \_\_\_\_\_  
Driller: J.P. THOMPSON  
Date drilling completed: 5/25/07

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>THOMPSON BROTHERS DRILLING</u>	Latitude: <u>31° 38' 53"</u> Longitude: <u>89° 10' 31"</u>
Mailing Address: <u>5410 HI-WAY H SOUTH</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>ELLISVILLE MS. 39437</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE 1/4 NW 1/4 Sec 23 Twn 8 N Rng 12 W</u>
Telephone No. <u>(601) 425-0970</u>	Distance: <u>3</u> Miles Direction: <u>N</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: 5/24/07 Date well drilling completed: 5/25/07

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

Static Water Level: 51 feet above or below (circle one) land surface Date measured: 5/25/07

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

Hole depth: 243 Well depth: 240 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement  Bentonite  Mix

Casing length: 200 feet Casing diameter: 4" inches Type of casing: P.V.C.

Screen length: 40 feet Screen diameter: 4" inches Type of screen: PVC SLOTTED

Screen slot size: .010 inches Setting depth: From 200 feet to 240 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.

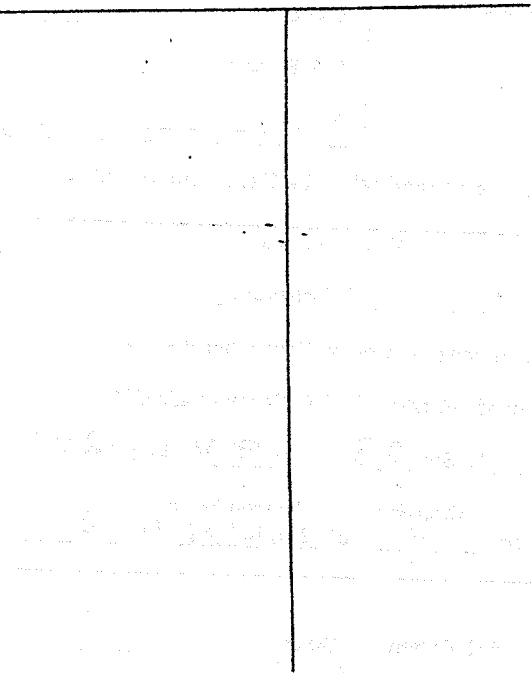
J.P. THOMPSON 0-624  
Print Name of Water Well Contractor and License No.

J.P. Thompson  
Signature of Water Well Contractor

RECEIVED  
JUN 01 2007  
BY: OLWR

If well telescopes please sketch below and show depths.

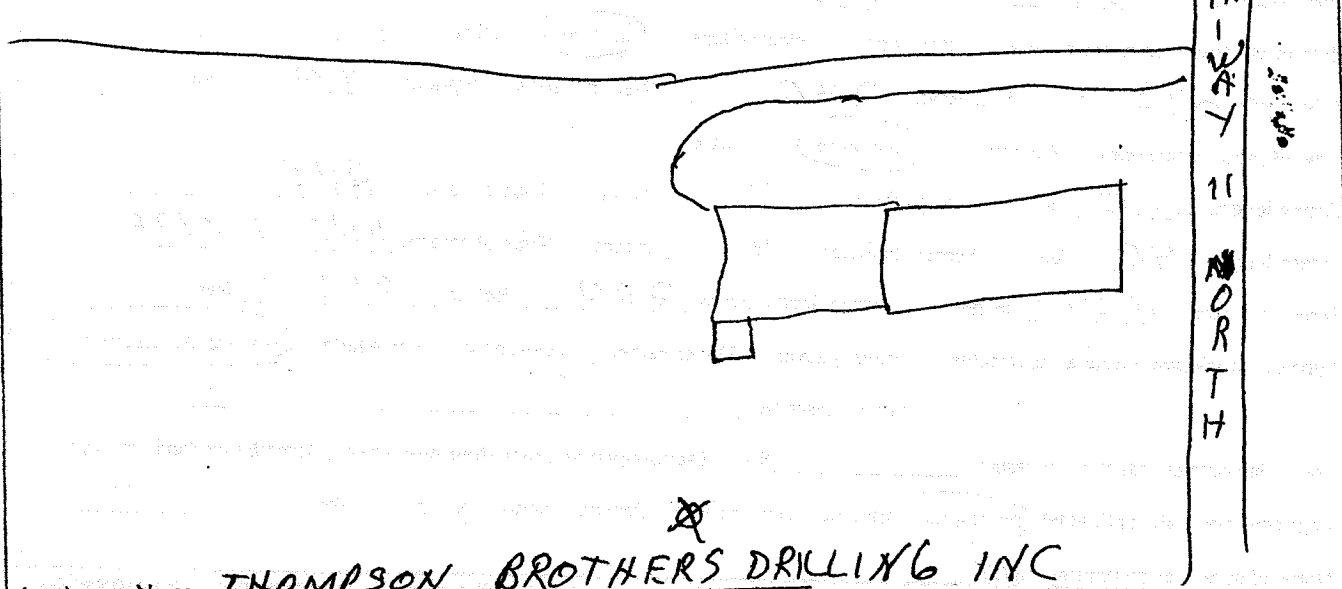
Ground Level



Description of Formations Encountered	From	To
SANDY CLAY	0	20
CLAY	20	65
SAND	65	70
CLAY	70	80
SANDY CLAY	80	175
SAND	175	243

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: THOMPSON BROTHERS DRILLING INC

*J.P. Thompson*  
 Signature of Water Well Contractor