State Well Report

Part 1 Mississippi Department of Environmental Quality For Office Use Only:

THOMPSON BROTHER

8884792158

Permit #:	Office of Land and Water Resources		Well #: J-116	
Driller: J.P. THOMPSON	P.O. Box 10631			
Date drilling completed: 6/24	· · · · · · · · · · · · · · · · · · ·	IS 39289-0631 961-5210	L. S. Elevation:	
Date drilling completed.	• •	4-6938 (fax)	E-log #:	
State Law requires that this repo		driller in detail and filed w	ith the Department within	
30 days of completion of drilling Well Owner Informa		Well	Location	
Owner Name DAVID KITREL		Latitude:°' Longitude:°'		
Mailing Address: 104 TORDAN RD,		Method of Lat/Long (circle one): Conventional Survey,		
PKT)	·	USGS quad, Hand-held GPS, Survey-grade GPS		
FLUSVILLE MS. 39459 City State Zip Code		NW 11 SE 14 Sec 23 Twn 721 Rng 1300		
Telephone No. (601) 498 - 256 4		Distance Direction Nearest Town 2 Miles \(\lambda \right) \(\text{of } \frac{MOSFLLF}{} \)		
	Weil I	Data		
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:				
Date well drilling started: 6/24/06 Date well drilling completed: 6/24/06				
If flowing, method of flow regulation: Val				
Static Water Level: 185 feet ab	ove or below (circle one) l	and surface Date measured:_	6/24/06	
Method of Measurement (circle one) st	eel tape 2 Electric tape	air line other: [1]	ELL SOUNDER	
Hole depth: 330 Well dep	oth: 280	Well grouted to a depth of	2 O feet	
Type of grout (circle one): Cement	Bentonite Mix			
Casing length: 280 feet Casin	ig diameter:	_inches Type of casing:	1V.S.	
Casing length: 280 feet Casing diameter: 4" inches Type of casing: PVC SCOT				
Screen slot size: 300-320 inches Setting depth: From 280 feet to 320 feet Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development				
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development				
Other (describe):				
Top of lap pipe or reduction in easing: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 the second				
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.				
C / C / C / C / C / C / C / C / C / C /				
THOMPSON BROTHERS DRILLING ING. J.V. Thompson				
Print Name of Water Well Contractor and License No. 0-624 Signature of Water Well Contractor				

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THOMPSON BROTHER

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J. 116

If well telescopes please sketch below and show depths.

Ground Lev			
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Description of Formations Encountered	0 10
·	10 35
FINE SAND	- 12
FINE	35 100
SAND	100 155
CLAV	185 175
FINE SAND	- 122
FINE	175 400
SAND	200 352
CLAY	055-330
SAND	
	- - -

more than one screen, show location of each on sketch

. 2) 2007/30/01 21/10/10/03 01/10/10/03	
it leaving the property and the well location; 2) any permanent in location the property and the well;	1
Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property and the well; aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well;	
and in localities the world and the second and the	1
4) indicate direction.	١
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NAMIO KITREL 3	
Landowner Name: DAVID KITREL 3	

Signature of Water Well Contractor

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BY: OLWR

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	S. FATE W	ELL REPORT		
County JONES	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:	
Date completed: 7/7/06			Well #: J-116 Elevation:	
This report should be prepared by the	` ,		ior within 30 days of the	
lastaliation of pump. Well Owner Informati	on	T WAII	Location	
Owner Name DAVID KITREL		Latitude: Longitude:		
Mailing Address: 164 JORDAN RD.		Method of Lat/Long (circle one): Conventional Survey,		
		USGS quad, Hand-	held GPS, Survey-grade GPS	
FLUSVILLE City State	MS 39459	1/4 Sec_ 2	3 Twn 7 N Rng 13 W	
State	Zip Code	Distance Direction	Nearest Town	
Telephone No. (601) 499 - 25	64		MOSELLE	
		·		
Pump Type Circle one		•	rer Type cle one	
	Submersible	Diesel Engine Gasoline	: Engine Natural Gas	
->-	Turbine	Electric Motor Hand	Tractor PTO	
Centrifugal Rotary	Flowing Well	Windmill Other (s	pecify):	
Other (specify):		Horse Power Rating of Motor:	5	
Date Pump (Installed: 7/7/06		Setting Depth: 220 feet		
Rated Pump Capacity: 35 G	allons Per Minute	Number of Stages:		
Pump, Test Data				
Date Well Tested: 7706			suring Water Level sle one	
Static Water Level (A): 185 Feet Be	clow Land Surface	Air Line Electric Measur Other (specify): WELL		
umping Water Level (B): 202 Feet Be	low Land Surface	Other (specify): W /- W	JOUNDEN	
Prawdown [(B) - (A)]: 17 Feet Be	į.	For flowing well, measured shut	in head:feet	
est Pumping Rate: 50 Ga	allons Per Minute	Well yielded 50	GPM with a drawdown of	
ouration of Pump Test (minimum 4 hours):	4 hours	feet after	hours of pumping	
		A 7!		
HEREBY CERTIFY that the above statement T.P. THOMPSON	is are true to the best of $0-624$	my knowledge.	un sas	
rint Name of Pump Installer and License No.		Signature of Pump Incre	N-	

ANG 10 2006 BY: OLWR