

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 #: 5-119
L. S. Elevation: _____
E-log #: _____

County: JONES
Permit #: _____
Driller: J.P. THOMPSON
J.D. JONES
Date drilling completed: 10-3-06

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>JAMES BURNHAM</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>225 W.D. BRADLEY RD.</u> <u>1</u> <u>MOSELLE MS. 39459</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>1/4</u> <u>1/4</u> Sec <u>33</u> Twn <u>2N</u> Rng <u>13W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>2</u> Miles <u>W</u> of <u>MOSELLE</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 10-3-06 Date well drilling completed: 10-3-06
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 42 feet above or below (circle one) land surface Date measured: 10-3-06
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: 220 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC SCOTTED
Screen slot size: .010 inches Setting depth: From 220 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.

THOMPSON BROTHERS DRILLING INC.

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

J.P. Thompson
Signature of Water Well Contractor

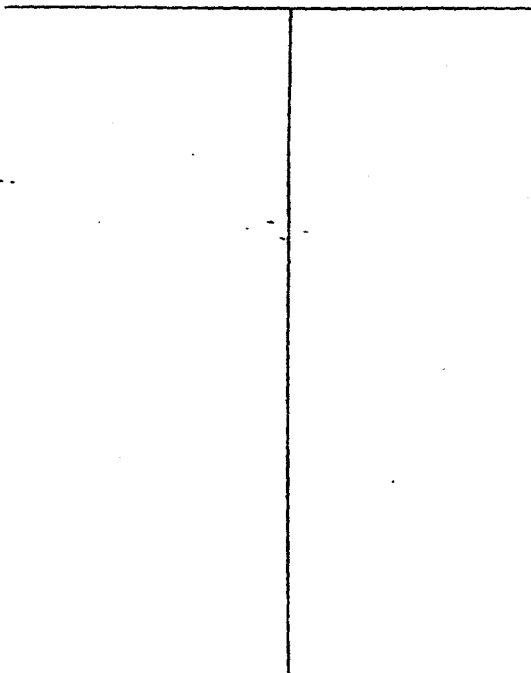
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OCT 13 2006

BY: OLWR

If well telescopes please sketch below and show depths.

Ground Level

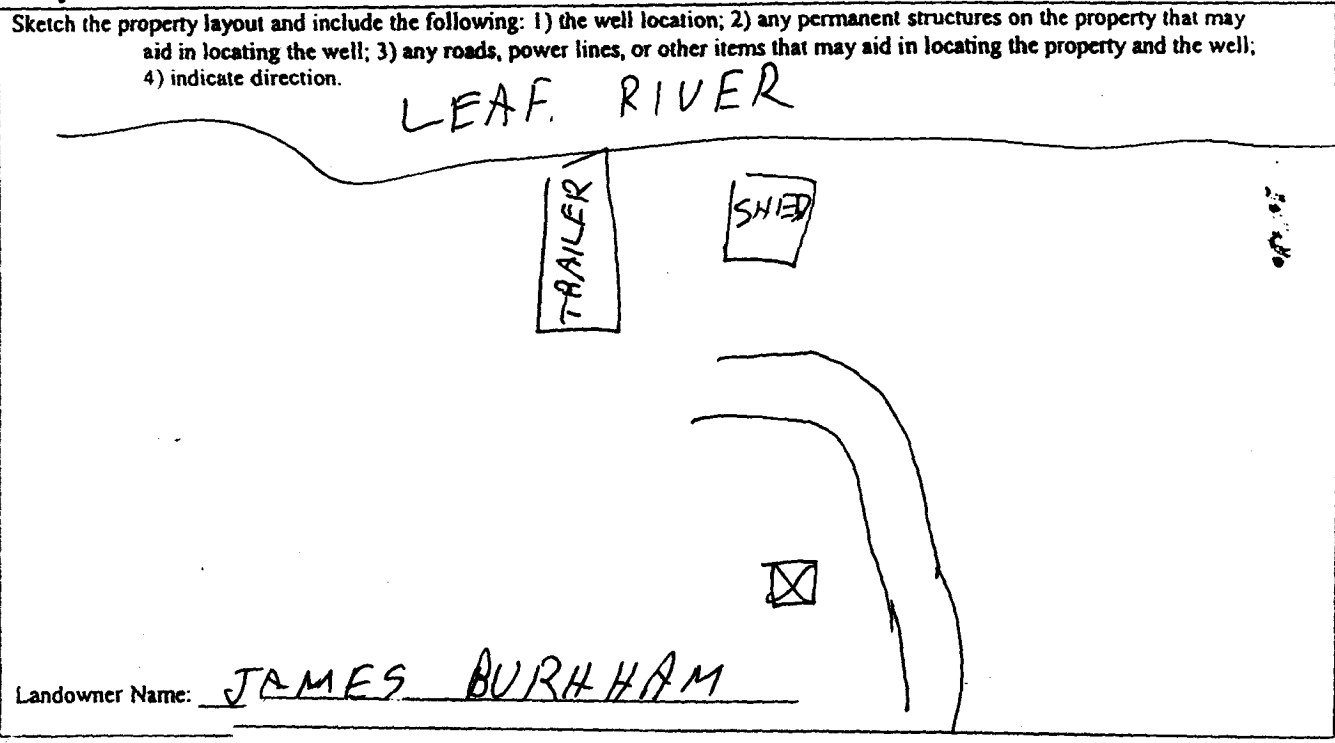


Description of Formations Encountered

From To

Description of Formations Encountered	From	To
SAND	0	30
CLAY	30	70
CLAY & GRAVEL	70	80
CLAY	80	135
FINE SAND	135	190
SAND	190	243

If more than one screen, show location of each on sketch



J.P. 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)

County: JONES
 Permit #: J.P. THOMPSON
 Driller: J.D. JONES
 Date completed: 10-3-06

For Office Use Only:

Aquifer: _____
 Well #: J-117
 Elevation: _____

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>JAMES BURNHAM</u> Mailing Address: <u>225 LD. BRADLEY RD</u> <u>MOSELLE MS. 39459</u> <small>City State Zip Code</small>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>33</u> Twn <u>7N</u> Rng <u>13W</u> Distance Direction Nearest Town <u>2</u> Miles <u>W</u> of <u>MOSELLE</u>
Telephone No. () _____	

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> Bucket Piston <input type="radio"/> Turbine Centrifugal Rotary <input type="radio"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>10-3-06</u> Rated Pump Capacity: <u>10</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>1/2</u> Setting Depth: <u>60</u> feet Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-3-06</u> Static Water Level (A): <u>42</u> Feet Below Land Surface Pumping Water Level (B): <u>51</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>9</u> Feet Below Land Surface Test Pumping Rate: <u>16</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<u>Air Line</u> Electric Measuring Line Steel Tape Other (specify): <u>WELL SOUNDER</u> For flowing well, measured shut in head: _____ feet Well yielded <u>16</u> GPM with a drawdown of <u>9</u> feet after <u>4</u> hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
J.P. THOMPSON
J.D. JONES 0-624
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 BY: OLWR