

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 #: J-129
L. S. Elevation: _____
E-log #: _____

County: Jones
Permit #: _____
Driller: John W Thompson
Date drilling completed: 6-26-07

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>Stanley Watkins</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>Monroe rd</u> <u>Moselle MS</u> | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | _____ 1/4 _____ 1/4 Sec <u>24</u> Twn <u>7N</u> Rng <u>14W</u> |
| Telephone No. () _____ | Distance _____ Miles Direction <u>NW</u> of Nearest Town <u>Moselle</u> |

Well Data

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

Date well drilling started: 6-25-07 Date well drilling completed: 6-25-07

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

Static Water Level: 132 feet above or below (circle one) land surface Date measured: 6-26-07

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

Hole depth: 303 Well depth: 290 Well grouted to a depth of 50 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 270 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 270 feet to 290 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 O-679
Print Name of Water Well Contractor and License No.

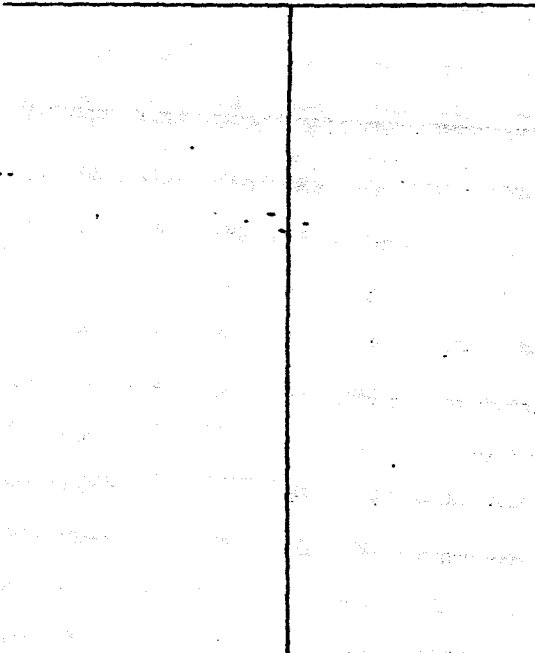
John W. Thompson
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

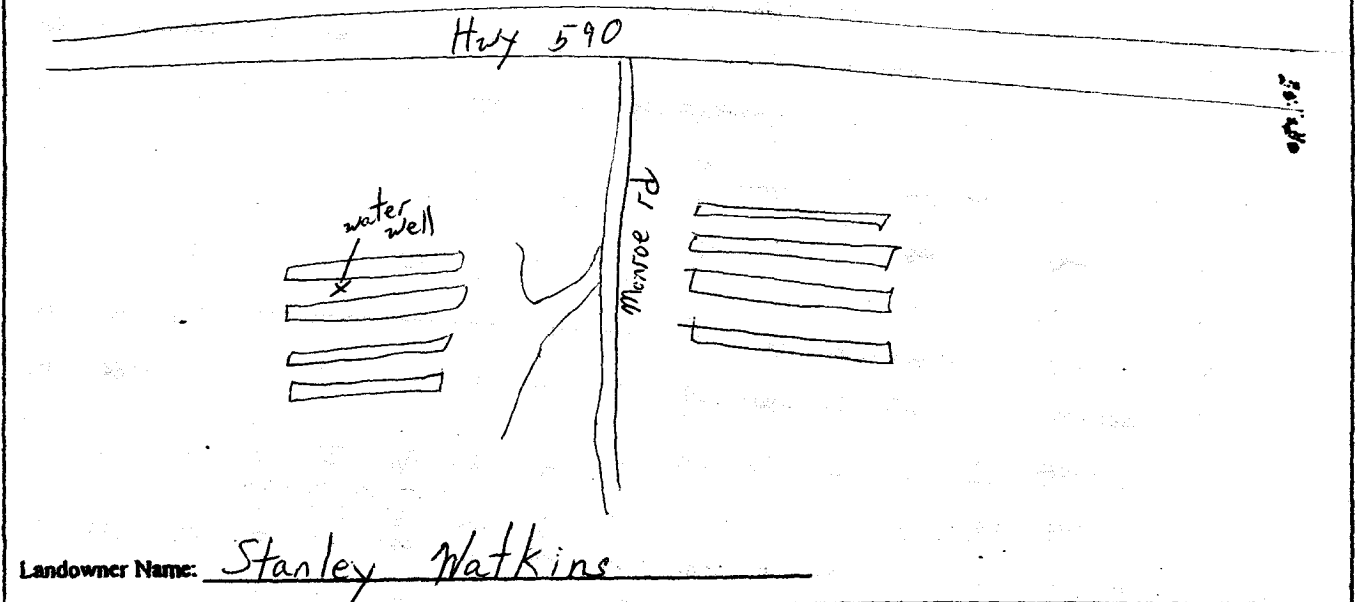
Ground Level



| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| clay | 0 | 20 |
| sand & pea gravel | 20 | 70 |
| clay | 70 | 120 |
| sand | 120 | 150 |
| blue clay | 150 | 220 |
| sand & clay | 220 | 240 |
| sand & pea gravel | 240 | 290 |
| blue clay | 290 | 300 |
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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: Stanley Watkins

John W. 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 #: J-129

Elevation: _____

County: Jones

Permit #: _____

Driller: John W Thompson

Date completed: 6-26-07

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>Stanley Watkins</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>Marroe rd</u> <u>Moselle 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>24</u> Twn <u>7N</u> Rng <u>14W</u> |
| Telephone No. () _____ | Distance _____ Direction _____ Nearest Town _____ <u>6</u> Miles <u>NW</u> of <u>Moselle</u> |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| <input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>6-26-07</u> Rated Pump Capacity: <u>55</u> Gallons Per Minute | <input type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Windmill Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>180</u> feet Number of Stages: _____ |
| <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Flowing Well | <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: <u>6-26-07</u> | Air Line <input type="checkbox"/> <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape |
| Static Water Level (A): <u>132</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>155</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>23</u> Feet Below Land Surface | Well yielded <u>50</u> GPM with a drawdown of |
| Test Pumping Rate: <u>50</u> Gallons Per Minute | <u>23</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 0-679
 Print Name of Pump Installer and License No. (if applicable)

John W Thompson
 Signature of Pump Installer

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