

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-130
L. S. Elevation: _____
E-log #: _____

County: Jones
Permit #: _____
Driller: John W Thompson
Date drilling completed: 6-28-07

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>Craig Kimes</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Church Loop 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>34</u> Twn <u>7N</u> Rng <u>13W</u>
Telephone No. () _____	Distance _____ Miles Direction <u>SW</u> of Nearest Town <u>Ellisville</u>
Well Data	
Purpose of Well (circle one) <input checked="" type="radio"/> Home <input type="radio"/> Industrial <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture <input type="radio"/> Other: <u>1</u>	Date well drilling started: <u>6-28-07</u> Date well drilling completed: <u>6-28-07</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	Static Water Level: <u>64</u> feet above or below (circle one) land surface Date measured: <u>6-28-07</u>
Method of Measurement (circle one) <input type="radio"/> steel tape <input checked="" type="radio"/> electric tape <input type="radio"/> air line other: _____	Hole depth: <u>103</u> Well depth: <u>100</u> Well grouted to a depth of <u>20</u> feet
Type of grout (circle one): <input type="radio"/> Cement <input checked="" type="radio"/> Bentonite <input type="radio"/> Mix	Casing length: <u>80</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches	Type of screen: <u>PVC Slotted</u>
Screen slot size: <u>.010</u> inches Setting depth: From <u>80</u> feet to <u>100</u> feet	Type of completion (circle all applicable): <input type="radio"/> Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Telescoped <input type="radio"/> Open hole <input checked="" type="radio"/> 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): <input checked="" type="radio"/> No log run <input type="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> 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.	
Print Name of Water Well Contractor and License No. <u>John W Thompson 0-679</u>	Signature of Water Well Contractor <u>John W Thompson</u>

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J.

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
red clay & sand	0	20
clay	20	40
sand	40	100

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: Craig Kimes

John W. [Signature]
 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-130

Elevation: _____

County: Jones

Permit #: _____

Driller: John W Thompson

Date completed: 6-28-07

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>Craig Kimes</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Church Loop rd</u> <u>Ellisville MS</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<input type="checkbox"/> 1/4 _____ <input type="checkbox"/> Sec <u>34</u> Twn <u>7N</u> Rng <u>13W</u>
Telephone No. () _____	Distance: <u>5</u> Miles Direction: <u>SW</u> of Nearest Town: <u>Ellisville</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1 1/2</u> Setting Depth: <u>80</u> feet Number of Stages: _____
Date Pump Installed: <u>6-29-07</u>	
Rated Pump Capacity: <u>19</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-29-07</u>	<input type="checkbox"/> Air Line <input checked="" type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape Other (specify): _____
Static Water Level (A): <u>64</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Pumping Water Level (B): <u>75</u> Feet Below Land Surface	Well yielded <u>25</u> GPM with a drawdown of
Drawdown [(B) - (A)]: <u>11</u> Feet Below Land Surface	<u>11</u> feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>25</u> Gallons Per Minute	
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 0-6-79 John W Thompson
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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