

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: J 148
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Jones
Permit #: _____
Driller: John W Thompson
Date drilling completed: 11-25-09

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>Randy Dial</u>		Latitude: <u>31.35.08"</u>	Longitude: <u>89.22.25"</u>
Mailing Address: <u>Monroe rd</u>		Method of Lat/Long (circle one): Conventional Survey,	
<u>Ellisville Ms</u>		USGS quad, Hand-held GPS, Survey-grade GPS	
City: _____	State: _____	NW <u>1/4</u> SE <u>1/4</u> Sec <u>11</u> Twn <u>7N</u> Rng <u>14W</u>	
Zip Code: _____		Distance: <u>8</u> Miles	Direction: <u>NW</u> of Nearest Town: <u>Morelle</u>
Telephone No. () _____			

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>poultry farm</u>	
Date well drilling started: <u>11-24-09</u>	Date well drilling completed: <u>11-25-09</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>167</u> feet above or below (circle one) land surface	Date measured: <u>11-25-09</u>
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Hole depth: <u>303</u> Well depth: <u>300</u> Well grouted to a depth of <u>50</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>280</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>.008</u> inches	Setting depth: From <u>280</u> feet to <u>300</u> feet
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>	
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): <u>No log run</u> 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 0-679
Print Name of Water Well Contractor and License No.

John W Thompson
Signature of Water Well Contractor

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BY: OLWR

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: J1S8
 Well #: _____
 Elevation: _____

County: Jones

Permit #: _____

Driller: John W Thompson

Date completed: 11-25-09

Copy information from block on Part 1

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Randy Dial</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Monroe rd</u> <u>Ellisville MS</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec <u>11</u> T <u>7N</u> R <u>14W</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____ <u>8</u> Miles <u>NW</u> of <u>Maselle</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>11-25-09</u>	Setting Depth: <u>220</u> feet
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-25-09</u>	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>167</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>176</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>9</u> Feet Below Land Surface	Well yielded <u>60</u> GPM with a drawdown of
Test Pumping Rate: <u>60</u> Gallons Per Minute	<u>9</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 John W Thompson
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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