

# 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 #: L-70  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jones  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date drilling completed: 3-27-08

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>Richard Crowder</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Hwy 15</u> <u>Ovett 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>30</u> Twn <u>7N</u> Rng <u>11W</u>
Telephone No. (____) _____	Distance _____ Miles Direction <u>N</u> of Nearest Town <u>Ovett</u>

### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 3-26-08 Date well drilling completed: 3-27-08  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 95 feet above or below (circle one) land surface Date measured: 3-27-08  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 320 Well depth: 230 Well grouted to a depth of Plugged feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 210 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: .008 inches Setting depth: From 210 feet to 230 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 0-679  
Print Name of Water Well Contractor and License No.

John Thompson  
Signature of Water Well Contractor

RECEIVED  
APR 25 2008  
BY: OLWR

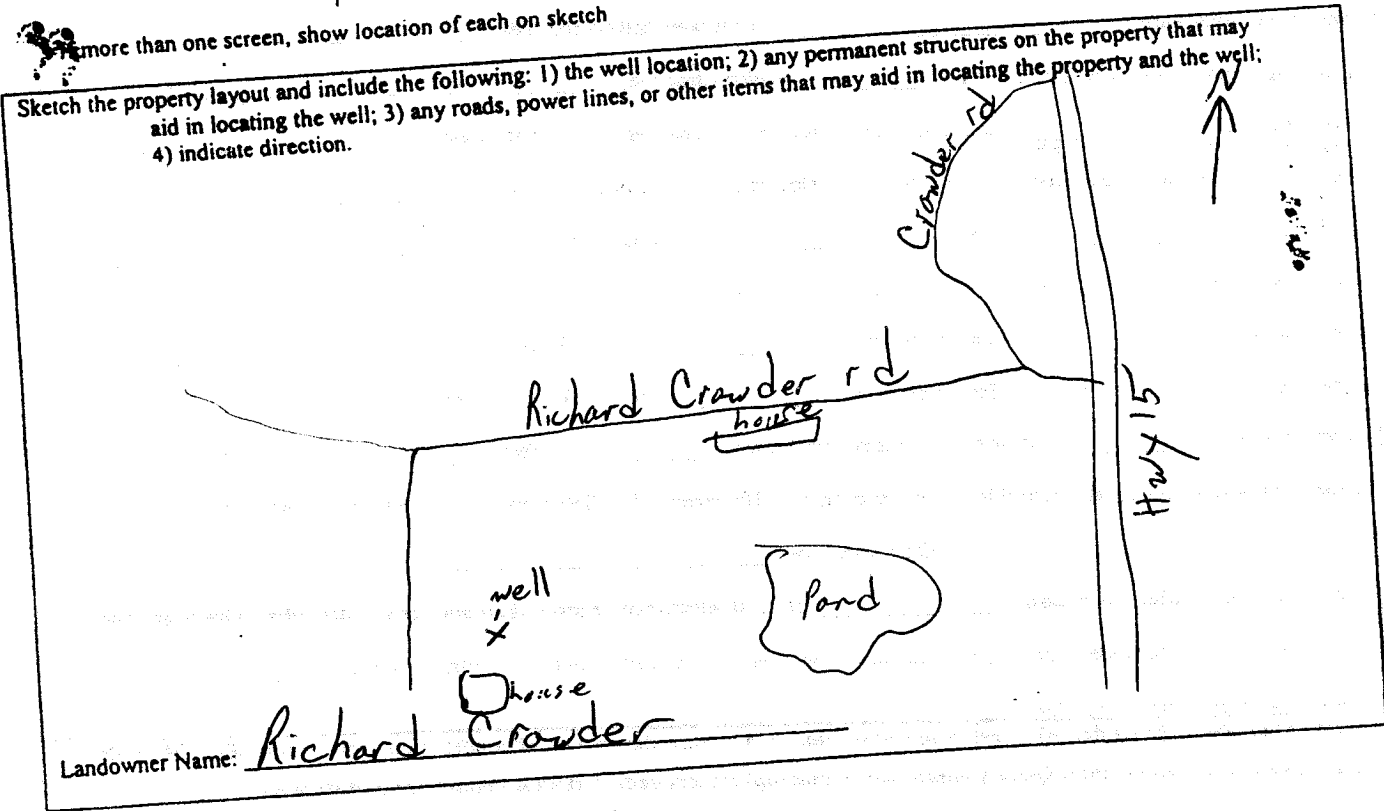
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
sandy clay	0	10
clay	10	160
fine sand	160	170
clay	170	210
fine sand & clay	210	230
clay	230	320

If 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: Richard Crawder

*John V. 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 #: L-76  
 Elevation: \_\_\_\_\_

County: Jones  
 Permit #: \_\_\_\_\_  
 Driller: John W. Thompson  
 Date completed: 3-27-08

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>Richard Crowder</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Hwy 15</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey,
<u>Ozett MS</u>	<input type="checkbox"/> UGCS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City _____ State _____ Zip Code _____	<input type="checkbox"/> 1/4 _____ 1/4 Sec <u>30</u> Twp <u>7N</u> Rng <u>11W</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town _____
	<u>3</u> Miles <u>N</u> of <u>Ozett</u>

Pump Type Circle one	Power Type Circle one
<input checked="" type="radio"/> Air Lift	<input type="checkbox"/> Diesel Engine
<input type="checkbox"/> Bucket	<input type="checkbox"/> Gasoline Engine
<input type="checkbox"/> Centrifugal	<input type="checkbox"/> Electric Motor
<input type="checkbox"/> Jet	<input type="checkbox"/> Hand
<input type="checkbox"/> Piston	<input type="checkbox"/> Natural Gas
<input type="checkbox"/> Rotary	<input type="checkbox"/> Tractor PTO
<input type="checkbox"/> Turbine	Windmill
<input type="checkbox"/> Flowing Well	Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>3-27-08</u>	Setting Depth: <u>200</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-27-08</u>	<input checked="" type="radio"/> Air Line
Static Water Level (A): <u>75</u> Feet Below Land Surface	<input type="checkbox"/> Electric Measuring Line
Pumping Water Level (B): <u>180</u> Feet Below Land Surface	<input type="checkbox"/> Steel Tape
Drawdown ((B)-(A)): <u>105</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>4</u> Gallons Per Minute	For flowing well, measured shut in head: _____ feet
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Well yielded <u>4</u> GPM with a drawdown of
	<u>105</u> feet after <u>4</u> hours of pumping

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