

# 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 #: N-85

L. S. Elevation: \_\_\_\_\_

E-log #: \_\_\_\_\_

County: Jones 067

Permit #: \_\_\_\_\_

Driller: John W Thompson

Date drilling completed: 8-18-05

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>Larry Turner</u>  | Latitude: <u>31° 27' 52"</u> Longitude: <u>89° 22' 51"</u>  |
| Mailing Address: <u>200 Abner Bryant Rd</u><br><u>Moselle MS 39459</u> | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____                               | <u>SW 1/4 SW 1/4 Sec 23 Twn 6 N Rng 14 W</u>  |
| Telephone No. ( ) _____  | Distance: <u>2</u> Miles Direction: <u>SW</u> of Nearest Town: <u>Moselle</u>                       |

| Well Data   |  |
|---|--|
| Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____               |  |
| Date well drilling started: <u>8-18-05</u> Date well drilling completed: <u>8-18-05</u>                               |  |
| If flowing, method of flow regulation: Valve _____ Other (describe) _____   |  |
| Static Water Level: <u>66</u> feet above or below (circle one) land surface Date measured: <u>8-18-05</u>             |  |
| Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____                              |  |
| Hole depth: <u>130</u> Well depth: <u>130</u> Well grouted to a depth of <u>10</u> feet                               |  |
| Type of grout (circle one): Cement <u>Bentonite</u> Mix   |  |
| Casing length: <u>110</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>110</u> feet to <u>130</u> feet                           |  |
| Type of completion (circle all applicable): <u>Gravel packed</u> 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): <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 0-0679  
Print Name of Water Well Contractor and License No.

John W. Thompson  
Signature of Water Well Contractor

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SEP 20 2005

BY: OLWR

If well telescopes please sketch below and show depths.

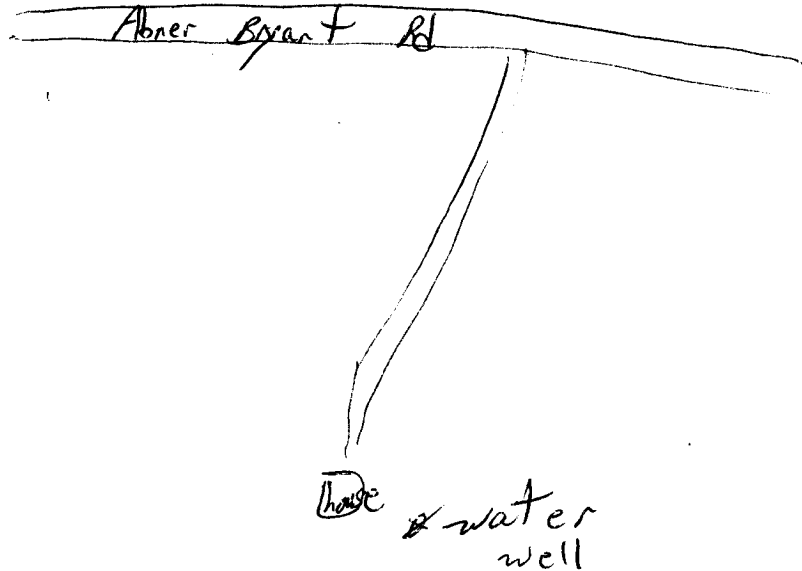
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Ground Level

| Description of Formations Encountered | From | To  |
|---------------------------------------|------|-----|
| sand & gravel                         | 0    | 60  |
| clay                                  | 60   | 100 |
| sand & pea gravel                     | 100  | 130 |
|                                       |      |     |
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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: Larry Turner

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)

County: Jones  
 Permit #: \_\_\_\_\_  
 Driller: John W. Thompson  
 Date completed: 8-18-05

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: N-85  
 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>Larry Turner</u>                                       | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>200 Aber Bryant Rd</u><br><u>Moselle MS 39459</u> | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, Hand-held GPS, Survey-grade GPS |
| City _____ State _____ Zip Code _____                                 | _____ 1/4 _____ 1/4 Sec <u>23</u> Twn <u>6N</u> Rng <u>14W</u>                                      |
| Telephone No. (____) _____  | Distance _____ Direction _____ Nearest Town _____   |
|   | <u>5</u> Miles <u>SW</u> of <u>Moselle</u>  |

| Pump Type<br>Circle one                           | Power Type<br>Circle one                                    |
|---|---|
| Air Lift _____ Jet _____ <u>Submersible</u>       | Diesel Engine _____ Gasoline Engine _____ Natural Gas _____ |
| Bucket _____ Piston _____ Turbine _____           | <u>Electric Motor</u> _____ Hand _____ Tractor PTO _____    |
| Centrifugal _____ Rotary _____ Flowing Well _____ | Windmill _____ Other (specify): _____                       |
| Other (specify): _____                            | Horse Power Rating of Motor: <u>1</u>                       |
| Date Pump Installed: <u>8-18-05</u>               | Setting Depth: <u>80</u> feet                               |
| Rated Pump Capacity: <u>10</u> Gallons Per Minute | Number of Stages: _____                                     |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one                        |
|--|--|
| Date Well Tested: _____                                    | Air Line _____ <u>Electric Measuring Line</u> _____ Steel Tape _____ |
| Static Water Level (A): <u>66</u> Feet Below Land Surface  | Other (specify): _____   |
| Pumping Water Level (B): <u>73</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet                  |
| Drawdown [(B) - (A)]: <u>7</u> Feet Below Land Surface     | Well yielded <u>12</u> GPM with a drawdown of                        |
| Test Pumping Rate: <u>12</u> Gallons Per Minute            | <u>7</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 0-0679 John W. Thompson  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 BY: OLWR