

# State Well Report

## Part I

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-86  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jones  
Permit #: \_\_\_\_\_  
Driller: John W. Thompson  
Date drilling completed: 9-13-05

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>Matthew Campbell</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>791 RV Lindley Rd</u> <u>Moselle MS 39459</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>15</u> Twn <u>6N</u> Rng <u>13W</u>
Telephone No. (____) _____	Distance _____ Miles Direction <u>SW</u> of Nearest Town <u>Moselle</u>

Well Data

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

Date well drilling started: 9-12-05 Date well drilling completed: 9-13-05

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

Static Water Level: 58 feet above or below (circle one) land surface Date measured: 9-13-05

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

Hole depth: 270 Well depth: 270 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length 250 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 250 feet to 270 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 0-0679 \_\_\_\_\_  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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OCT 17 2005

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: \_\_\_\_\_

Well #: N-86

Elevation: \_\_\_\_\_

County: Jones  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date completed: 9-13-05

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>Matthew Campbell</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>791 RV Lindley Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Moselle MS 39459</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>15</u> Twn <u>6N</u> Rng <u>13W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>1</u> Miles <u>SW</u> of <u>Moselle</u>

Pump Type Circle one	Power Type 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>5</u>
Date Pump Installed: <u>9-22-05</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-22-05</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>58</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>75</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>17</u> Feet Below Land Surface	Well yielded <u>75</u> GPM with a drawdown of
Test Pumping Rate: <u>75</u> Gallons Per Minute	<u>17</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  
Print Name of Pump Installer and License No. (if applicable)

John W. Thompson  
Signature of Pump Installer

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OCT 17 2005  
BY: OLWR