

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: N 115
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Jones
Permit #: _____
Driller: John W Thompson
Date drilling completed: 10-29-10

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 Greenwood</u>	Latitude: <u>31.28.47</u> " Longitude: <u>89.14.58</u> "
Mailing Address: <u>5414 Hidden Ridge Lane</u> <u>Baton Rouge, LA 70816</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE 1/4 SE 1/4 Sec 13</u> Twn <u>6N</u> Rng <u>13W</u>
Telephone No. () _____	Distance: <u>2</u> Miles Direction: <u>SE</u> of Nearest Town: <u>Moselle</u>

Well Data

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

Date well drilling started: 10-29-10 Date well drilling completed: 10-29-10

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

Static Water Level: 52' feet above of below (circle one) land surface Date measured: 10-29-10

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

Hole depth: 130 Well depth: 120 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 100 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 100 feet to 120 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 W Thompson
Signature of Water Well Contractor

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NOV 15 2010
BY: OLWR

If well telescopes please sketch below and show depths

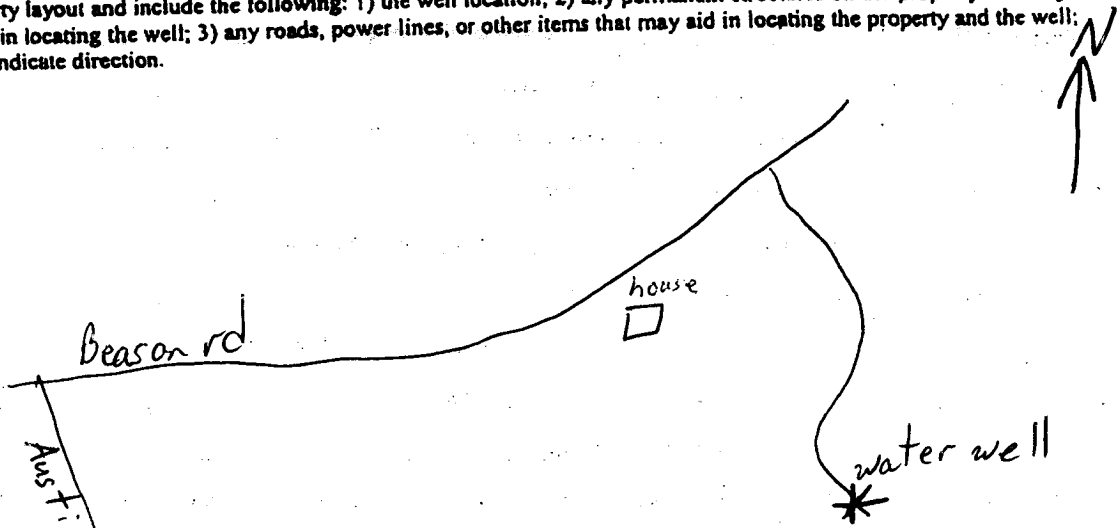
Ground Level

Ground Level	

Description of Formations Encountered	From	To
red clay	0	15
sand + peagravel	15	30
sandy white clay	30	90
sand + gravel	90	130

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 Greenwood

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 #: _____

Elevation: _____

County: Jones

Permit #: _____

Driller: John W Thompson

Date completed: 10-29-10

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

Owner Name: Richard Greenwood

Mailing Address: 5414 Hidden Ridge Lane
Baton Rouge, LA 70816

City _____ State _____ Zip Code _____

Telephone No. () _____

Well Location

Latitude: _____ Longitude: _____

Method of Lat/Long (check one): Conventional Survey _____

USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____

_____ 1/4 _____ 1/4 Sec B T 6N R 13W

Distance _____ Direction _____ Nearest Town _____

2 Miles SE of Moselle

Pump Type Circle one

Air Lift Jet Submersible

Bucket Piston Turbine

Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 10-29-10

Rated Pump Capacity: 19 Gallons Per Minute

Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas

Electric Motor Hand Tractor PTO

Windmill Other (specify): _____

Horse Power Rating of Motor: 1 hp

Setting Depth: 80 feet

Number of Stages: _____

Pump Test Data

Date Well Tested: 10-29-10

Static Water Level (A): 52 Feet Below Land Surface

Pumping Water Level (B): 56 Feet Below Land Surface

Drawdown [(B) - (A)]: 4 Feet Below Land Surface

Test Pumping Rate: 25 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level Circle one

Air Line Electric Measuring Line Steel Tape

Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded 25 GPM with a drawdown of

4 feet after 4 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

John W Thompson 0-679
 Print Name of Pump Installer and License No. (if applicable)

John W Thompson
 Signature of Pump Installer

Form: OLWR-SWR-1B

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 NOV 19 2010
 BY: OLWR