

# 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 #: N11E  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jones  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date drilling completed: 7-1-11

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 Day</u>	Latitude: <u>31° 30' 15.3"</u> Longitude: <u>81° 20' 29.7"</u>
Mailing Address: <u>Shelton Cedar rd</u> <u>Moselle MS</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	NE ¼ NW ¼ Sec <u>7</u> Twn <u>6N</u> Rng <u>13W</u>
Telephone No. ( ) _____	Distance <u>3</u> Miles Direction <u>W</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: 6-30-11 Date well drilling completed: 7-1-11  
If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
Static Water Level: 73 feet above or below (circle one) land surface Date measured: 7-1-11  
Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
Hole depth: 120 Well depth: 100 Well grouted to a depth of 10 feet  
Type of grout (circle one): Cement Bentonite Mix  
Casing length: 80 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 80 feet to 100 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.

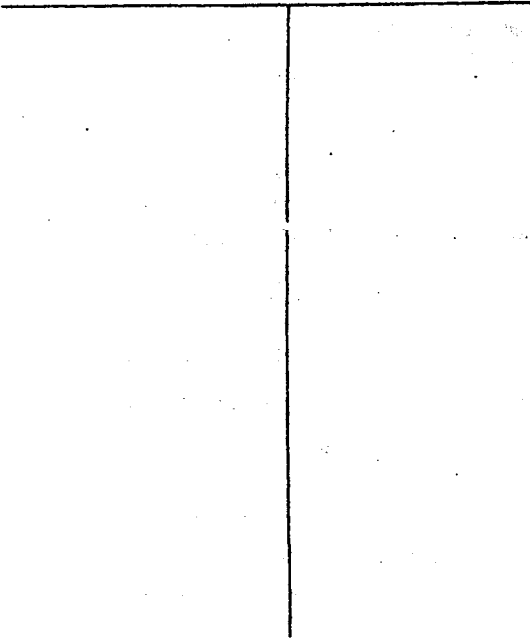
John W Thompson  
Signature of Water Well Contractor

RECEIVED  
JUL 28 2011  
BY: OLWR

N 118

If well telescopes please sketch below and show depths.

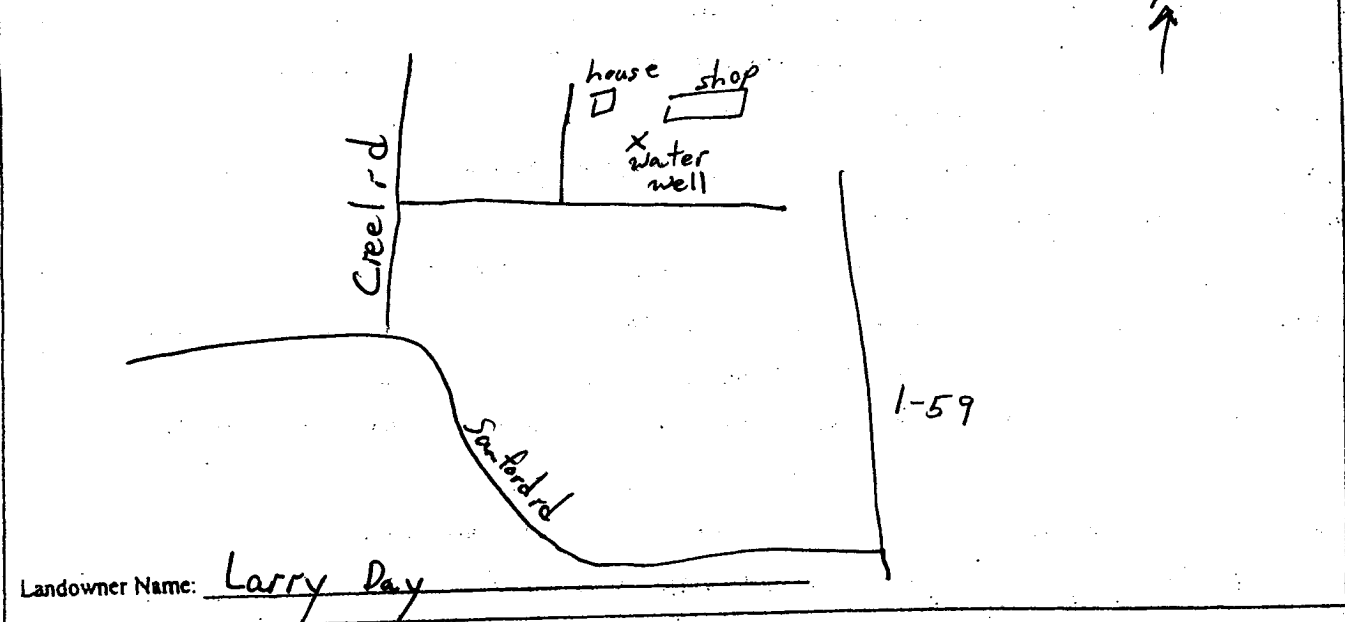
Ground Level



Description of Formations Encountered	From	To
red sandy clay	0	15
pea gravel sand	15	60
gravel	60	80
sand	80	105
clay	105	120

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.



John 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: 7-1-11  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: N 118  
 Elevation: \_\_\_\_\_

*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>Larry Day</u>	Latitude: <u>N 31° 30' 15.3"</u> Longitude: <u>W 081° 20' 29.7"</u>
Mailing Address: <u>Shelton Cedar rd</u> <u>Moselle MS</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey _____ <input type="checkbox"/> USGS quad _____, <input type="checkbox"/> Hand-held GPS _____, <input type="checkbox"/> Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NE</u> ¼ <u>NW</u> ¼ Sec <u>7</u> T <u>6N</u> R <u>13W</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town _____ <u>3</u> Miles <u>W</u> of <u>Moselle</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/> <u>Hand</u> <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): <u>hand pump</u>	Horse Power Rating of Motor: _____
Date Pump Installed: <u>7-20-11</u>	Setting Depth: <u>80</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>7-1-11</u>	<input checked="" type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>73</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>77</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>4</u> Feet Below Land Surface	Well yielded <u>13</u> GPM with a drawdown of
Test Pumping Rate: <u>13</u> Gallons Per Minute	<u>4</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: OLWB-SM-1B

RECEIVED  
 JUL 28 2011  
 BY: OLWB