

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 #: Ø 44
L. S. Elevation: _____
E-log #: _____

County: JONES
Permit #: _____
Driller: THOMPSON BROTHERS
Date drilling completed: 3/8/07

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>JOE ELLZEY</u>	Latitude: <u>31.29.37"</u> Longitude: <u>89.12.48"</u>
Mailing Address: <u>144 TIBBAHOY CREEK RD.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>ELLISVILLE MS. 39457</u>	<u>NW ¼ NW ¼ Sec 16 Twn 6N Rng 12W</u>
City State Zip Code	SW SW Direction Nearest Town
Telephone No. () _____	Distance 4 Miles Direction E of MOSELLE

Well Data

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

Date well drilling started: 3/8/07 Date well drilling completed: 3/7/07

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

Static Water Level: 167 feet above or below (circle one) land surface Date measured: 3/8/07

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

Hole depth: 343 Well depth: 340 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 310 feet Casing diameter: 4 inches Type of casing: P.V.C.

Screen length: 30 feet Screen diameter: 4 inches Type of screen: P.V.C. SLOTTED

Screen slot size: 1008 inches Setting depth: From 310 feet to 340 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.

J.P. THOMPSON 0-624
Print Name of Water Well Contractor and License No.

J.P. Thompson
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level

A vertical line representing the well shaft is drawn within a rectangular frame. The top of the line is aligned with the 'Ground Level' label.

Description of Formations Encountered	From	To
CLAY	0	15
SAND + GRAVEL	15	50
CLAY	50	120
SANDY CLAY	120	200
BLUE CLAY	200	275
SAND	275	340

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: _____

J.P. 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: THOMPSON BROTHERS
 Date completed: 3/9/07

For Office Use Only:

Aquifer: _____
 Well #: 044
 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>JOE ELLZEY</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>144 TIBBEHAW CREEK RP.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>ELLISVILLE MS 39457</u> City State Zip Code	<u>16E</u> 1/4 <u>16W</u> 1/4 Sec <u>16</u> Twn <u>6N</u> Rng <u>12W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>4</u> Miles <u>E</u> of <u>MOSELLE</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____ Date Pump Installed: _____ Rated Pump Capacity: _____ Gallons Per Minute	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill Other (specify): _____ Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>200'</u> feet Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3/9/07</u>	<input type="checkbox"/> Air Line <input checked="" type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape Other (specify): _____
Static Water Level (A): <u>167</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Pumping Water Level (B): <u>174</u> Feet Below Land Surface	Well yielded <u>75</u> GPM with a drawdown of
Drawdown [(B) - (A)]: <u>7</u> Feet Below Land Surface	<u>7</u> feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>75</u> Gallons Per Minute	
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.

J.P. THOMPSON 0-624 J.P. Thompson
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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MAR 27 2007

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