

# 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 #: P-54  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Jones  
Permit #: \_\_\_\_\_  
Driller: John W. Thompson  
Date drilling completed: 9-8-07

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>Taron McGill</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Beech Cemetery rd</u> <u>Ovett, MS</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>17</u> Twn <u>6N</u> Rng <u>11W</u>
Telephone No. (____) _____	Distance _____ Miles Direction <u>W</u> of Nearest Town <u>Ovett</u>

### Well Data

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

Date well drilling started: 9-6-07 Date well drilling completed: 9-8-07

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

Static Water Level: 106 feet above or below (circle one) land surface Date measured: 9-8-07

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

Hole depth: 300 Well depth: 290 Well grouted to a depth of 15 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 270 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: .010 inches Setting depth: From 250 feet to 290 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



# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 18631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6738 (fax)

For Office Use Only

Aquifer: \_\_\_\_\_

Well #: P-54

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

County: Jones  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date completed: 9-8-07

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>Jason McGill</u> Mailing Address: <u>Beech Cemetery rd</u> <u>Ovett MS.</u> City: _____ State: _____ Zip Code: _____ Telephone No. ( ) _____	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey</u> <u>USGS quad, Hand-held GPS, Survey-grade GPS</u> _____ 1/4 _____ 1/4 Sec <u>17</u> Twn <u>6N</u> Rng <u>11W</u> Distance _____ Direction _____ Nearest Town _____ <u>5</u> Miles <u>W</u> of <u>Ovett</u>

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <u>Submersible</u> Bucket _____ Piston _____ Turbine _____ Centrifugal _____ Rotary _____ Flowing Well _____ Other (specify): _____ Date Pump Installed: _____ Rated Pump Capacity: <u>55</u> Gallons Per Minute	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____ Electric Motor _____ Hand _____ Tractor PTO _____ Windmill _____ Other (specify): _____ Horse Power Rating of Motor: _____ Setting Depth: <u>160</u> feet Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): <u>106</u> Feet Below Land Surface Pumping Water Level (B): <u>111</u> Feet Below Land Surface Drawdown (B)-(A): <u>4</u> Feet Below Land Surface Test Pumping Rate: <u>40</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line _____ <u>Electric Measuring Line</u> _____ Steel Tape _____ Other (specify): _____ For flowing well, measured static head: _____ feet Well yielded <u>40</u> GPM with a drawdown of <u>4</u> feet after <u>4</u> hours of pumping

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

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

John W Thompson  
 Signature of Pump Installer