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)

County: Jones
Permit #:
Driller: John W Thompson
Date drilling completed: 9-24-12

For Office Use Only:
Aquifer:
Well #: P60
L. S. Elevation:
E-log #:

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

Owner Name: Gary West
Mailing Address: 253 Jim West rd
Ovett MS 39464
City State Zip Code
Telephone No. ( )

Well Location

Latitude: 31 · 26 · 13 " Longitude: 89 · 05 · 51 "
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
SE ¼ SE ¼ Sec. 33 Twn 6N Rng 11W
Distance 5 Miles Direction SW of Nearest Town Ovett

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Poultry farm
Date well drilling started: 9-24-12 Date well drilling completed: 9-24-12
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 89 feet above or (below) (circle one) land surface Date measured: 9-24-12
Method of Measurement (circle one) steel tape (electric tape) air line other: _____
Hole depth: 283 Well depth: 280 Well grouted to a depth of 50 feet
Type of grout (circle one): Cement (Bentonite) Mix
Casing length: 260 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 260 feet to 280 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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P60

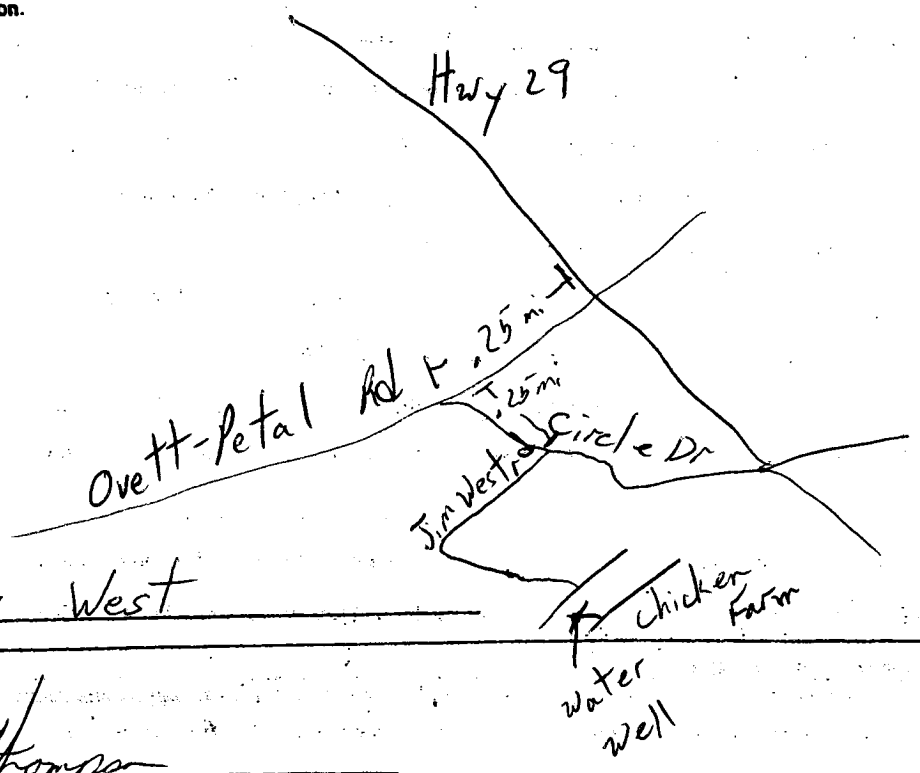
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Brown sandy clay	0	50
Clay	50	200
clay + sand strips	200	240
sand	240	283

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: Gary West

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 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: Jones
Permit #:
Driller: John W Thompson
Date completed: 9-24-12
Copy information from block on Part 1

For Office Use Only:
Aquifer:
Well #: P 60
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

Owner Name: Gary West
Mailing Address: 253 Jim West rd
Ovett MS 39464
City State Zip Code
Telephone No. ( )

Well Location

Latitude: 31°26'13" Longitude: 89°05'51"
Method of Lat/Long (check one): Conventional Survey___, USGS quad___, Hand-held GPS ✓, Survey-grade GPS___
___ ¼ ___ ¼ Sec 33 T 6N R 11W
Distance 5 Miles Direction SW of Nearest Town Ovett

Pump Type
Circle one

Air Lift, Jet, (Submersible), Bucket, Piston, Turbine, Centrifugal, Rotary, Flowing Well
Other (specify):
Date Pump Installed: 9-25-12
Rated Pump Capacity: 27 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: 2
Setting Depth: 120 feet
Number of Stages:

Pump Test Data

Date Well Tested: 9-24-12
Static Water Level (A): 89 Feet Below Land Surface
Pumping Water Level (B): 99 Feet Below Land Surface
Drawdown [(B) – (A)]: 10 Feet Below Land Surface
Test Pumping Rate: 75 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 75 GPM with a drawdown of 10 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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OCT 2012
BY: OLWR