

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 #: A-14
L. S. Elevation: 642
E-log #:

County: Jones
Permit #:
Driller: John W Thompson
Date drilling completed: 4-2-09

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 David Sheffield, Mailing Address Watermelon rd, Orett MS. Well Location: Latitude 31.28.15, Longitude 89.00.33, Method of Lat/Long Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, SW 1/4 NW 1/4 Sec 21, Twn 6N, Rng 10W, Distance 1/2 Miles, Direction S, Nearest Town Orett.

Well Data: Purpose of Well (circle one) Home, Industrial, Public Supply, Irrigation, Fish Culture, Other. Date well drilling started: 3-30-09, Date well drilling completed: 4-2-09. Static Water Level: 65 feet above or below (circle one) land surface, Date measured: 4-2-09. Method of Measurement (circle one) steel tape, electric tape, air line, other. Hole depth: 543, Well depth: 515, Well grouted to a depth of 20 feet. Type of grout (circle one) Cement, Bentonite, Mix. Casing length: 475 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 475 feet to 515 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 A679
Print Name of Water Well Contractor and License No.

John W Thompson
Signature of Water Well Contractor

RECEIVED
APR 28 2009
BY: OLWR



# 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: 4-2-09  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: M-14  
 Elevation: 642

*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>David Sheffield</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Watermelon rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Oreth MS</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec <u>21</u> T <u>6N</u> R <u>10W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	<u>1/2</u> Miles <u>S</u> of <u>Oreth</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <u>Submersible</u>	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston      Turbine	<u>Electric Motor</u> Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1.5</u>
Date Pump Installed: <u>4-2-09</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>27</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-2-09</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>65</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>75</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded <u>35</u> GPM with a drawdown of
Test Pumping Rate: <u>35</u> Gallons Per Minute	<u>10</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: OLWR-SWR-1B

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**APR 28 2009**  
**BY: OLWR**