

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: R 35
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Kemper
Permit #: _____
Driller: J.P. Thompson
Date drilling completed: 12-15-10

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>M MC</u>			Latitude: <u>32.38</u> 27 °	Longitude: <u>88.45</u> 22 °	
Mailing Address: <u>P.O. Box 368</u>			Method of Lat/Long (circle one): Conventional Survey,		
<u>Forest MS 39074</u>			USGS quad, Hand-held GPS, Survey-grade GPS		
City _____	State _____	Zip Code _____	NW $\frac{1}{4}$ NW $\frac{1}{4}$ Sec <u>33</u> Twn <u>10N</u> Rng <u>15E</u>		
Telephone No. () _____			Distance _____	Direction _____	Nearest Town _____
			<u>10</u> Miles _____	<u>SW</u> of _____	<u>De Kalb</u>

Well Data

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

Date well drilling started: 12-10-10 Date well drilling completed: 12-15-10

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

Static Water Level: 178 feet above below (circle one) land surface Date measured: 12-15-10

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

Hole depth: 443 Well depth: 440 Well grouted to a depth of 50 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 380 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: .010 inches Setting depth: From 380 feet to 440 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

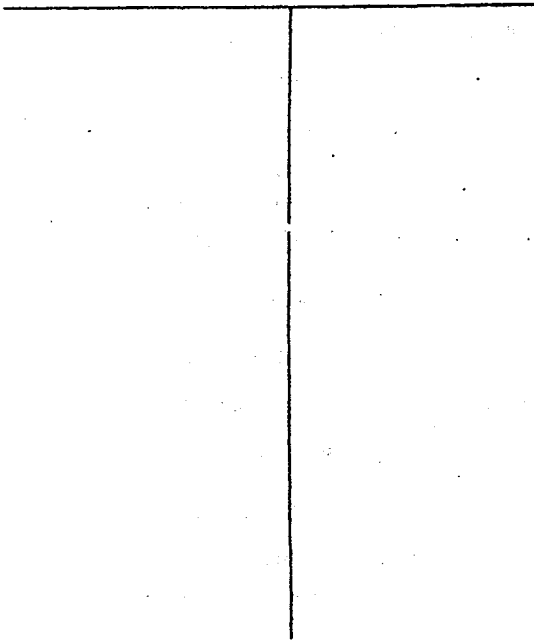
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BY: OLWR

If well telescopes please sketch below and show depths.

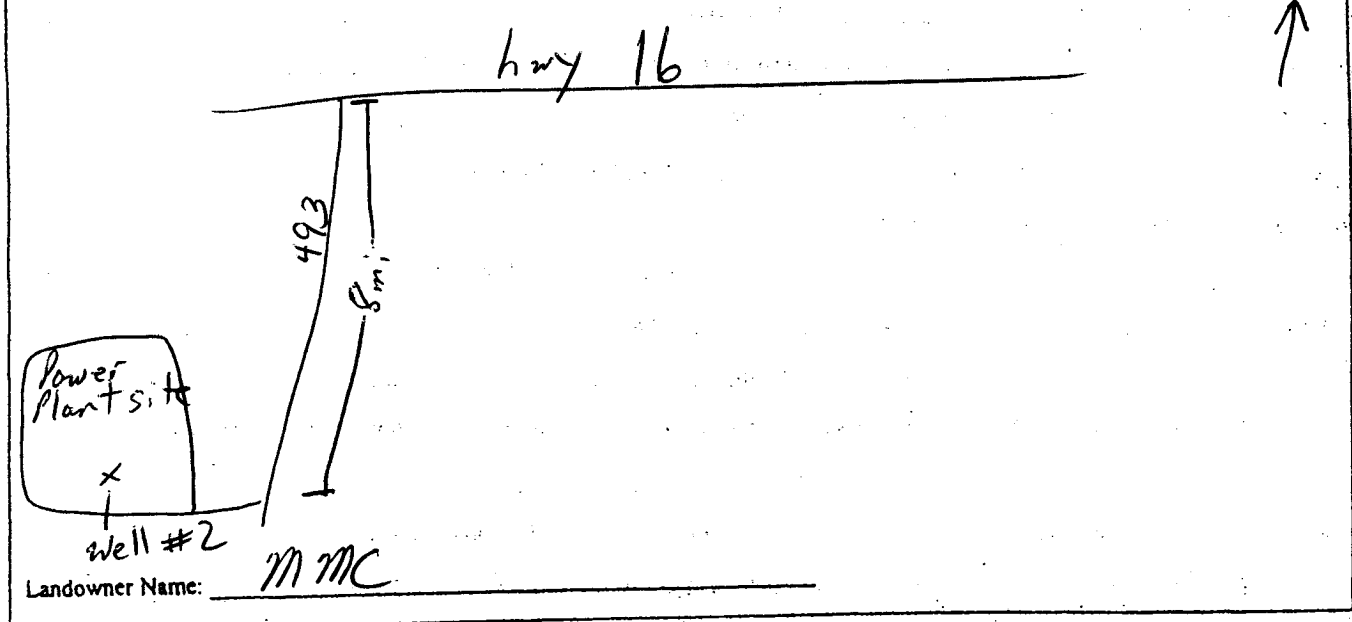
Ground Level



Description of Formations Encountered	From	To
white clay	0	20
Dark Clay	20	260
soft clay	260	360
sand	360	443

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.



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)

For Office Use Only:

Aquifer: _____

Well #: _____

Elevation: _____

County: Kemper

Permit #: _____

Driller: John W Thompson

Date completed: 12-15-10

Copy information from block on Part 1

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>M M C</u>	Latitude: <u>32° 38.887</u> Longitude: <u>88° 45.378</u>
Mailing Address: <u>P.O. Box 368</u> <u>Forest MS 39074</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ _____ ¼ _____ ¼ Sec <u>33</u> T <u>10N</u> R <u>15E</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____ <u>10</u> Miles <u>SW</u> of <u>De Kalb</u>
Telephone No. () _____	

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>7.5</u>
Date Pump Installed: <u>12-15-10</u>	Setting Depth: <u>240</u> feet
Rated Pump Capacity: <u>85</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-15-10</u>	<u>Air Line</u> <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/>
Static Water Level (A): <u>178</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>190</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>12</u> Feet Below Land Surface	Well yielded <u>85</u> GPM with a drawdown of
Test Pumping Rate: <u>85</u> Gallons Per Minute	<u>12</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
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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BY: OLWR