

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: R316
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Kemper
Permit #: _____
Driller: John Thompson
Date drilling completed: 12-10-10

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>MMC</u>		Latitude: <u>32.38</u>	Longitude: <u>88.45</u>
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 _____		<u>NW 1/4 NW 1/4 Sec 33 Twn 10N Rng 6E</u>	
Telephone No. () _____		Distance <u>10</u> Miles	Direction <u>SW</u> of Nearest Town <u>De Kalb</u>
Well Data			
Purpose of Well (circle one) Home <input type="radio"/> <u>Industrial</u> <input type="radio"/> Public Supply <input type="radio"/> Irrigation <input type="radio"/> Fish Culture <input type="radio"/> Other: _____			
Date well drilling started: <u>12-7-10</u>		Date well drilling completed: <u>12-10-10</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>178</u> feet above or <u>below</u> (circle one) land surface		Date measured: <u>12-10-10</u>	
Method of Measurement (circle one) steel tape <input type="radio"/> <u>electric tape</u> <input type="radio"/> air line <input type="radio"/> other: _____			
Hole depth: <u>483</u>	Well depth: <u>480</u>	Well grouted to a depth of <u>50</u> feet	
Type of grout (circle one): Cement <input type="radio"/> <u>Bentonite</u> <input type="radio"/> Mix <input type="radio"/>			
Casing length: <u>420</u> feet	Casing diameter: <u>4</u> inches	Type of casing: <u>PVC</u>	
Screen length: <u>60</u> feet	Screen diameter: <u>4</u> inches	Type of screen: <u>PVC Slotted</u>	
Screen slot size: <u>010</u> inches Setting depth: From <u>420</u> feet to <u>480</u> feet			
Type of completion (circle all applicable): Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> <u>Natural Development</u> <input checked="" type="checkbox"/>			
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): <u>No log run</u> <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> 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.			
<u>John W Thompson 0-679</u>		<u>John W Thompson</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

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JAN 04 2011

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)

For Office Use Only:

Aquifer: _____

Well #: _____

Elevation: _____

County: Kemper
Permit #: _____
Driller: John W Thompson
Date completed: 12-10-10
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>MMC</u>	Latitude: <u>32° 38.812</u> Longitude: <u>88° 45.368</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 <u>X</u> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec <u>33</u> T. <u>10N</u> R. <u>15E</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____ <u>10</u> Miles <u>SW</u> of <u>De Kalb</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>7.5</u>
Date Pump Installed: <u>12-10-10</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>12-10-10</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
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 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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