

# 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 #: Q-137  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Lamar  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date drilling completed: 12-12-07

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>Roundtree + Associates</u>	Latitude: <u>31° 15' 43"</u> Longitude: <u>84° 36' 32"</u>		Method of Lat/Long (circle one): <u>Conventional Survey</u>		
Mailing Address: <u>P.O. Box 22864</u>	USGS quad, Hand-held GPS, Survey-grade GPS		SW $\frac{1}{4}$ SE $\frac{1}{4}$ Sec <u>33</u> Twn <u>4 N</u> Rng <u>16 W</u>		
<u>Jackson MS 39225</u>	City State Zip Code		Distance Direction Nearest Town		
Telephone No. ( ) _____	_____		<u>2</u> Miles <u>SW</u> of <u>Olah</u>		

**Well Data**

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

Date well drilling started: 12-10-07 Date well drilling completed: 12-12-07

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

Static Water Level: 158 feet above or below (circle one) land surface Date measured: 12-12-07

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

Hole depth: 540 Well depth: 520 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 480 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 480 feet to 520 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): \_\_\_\_\_

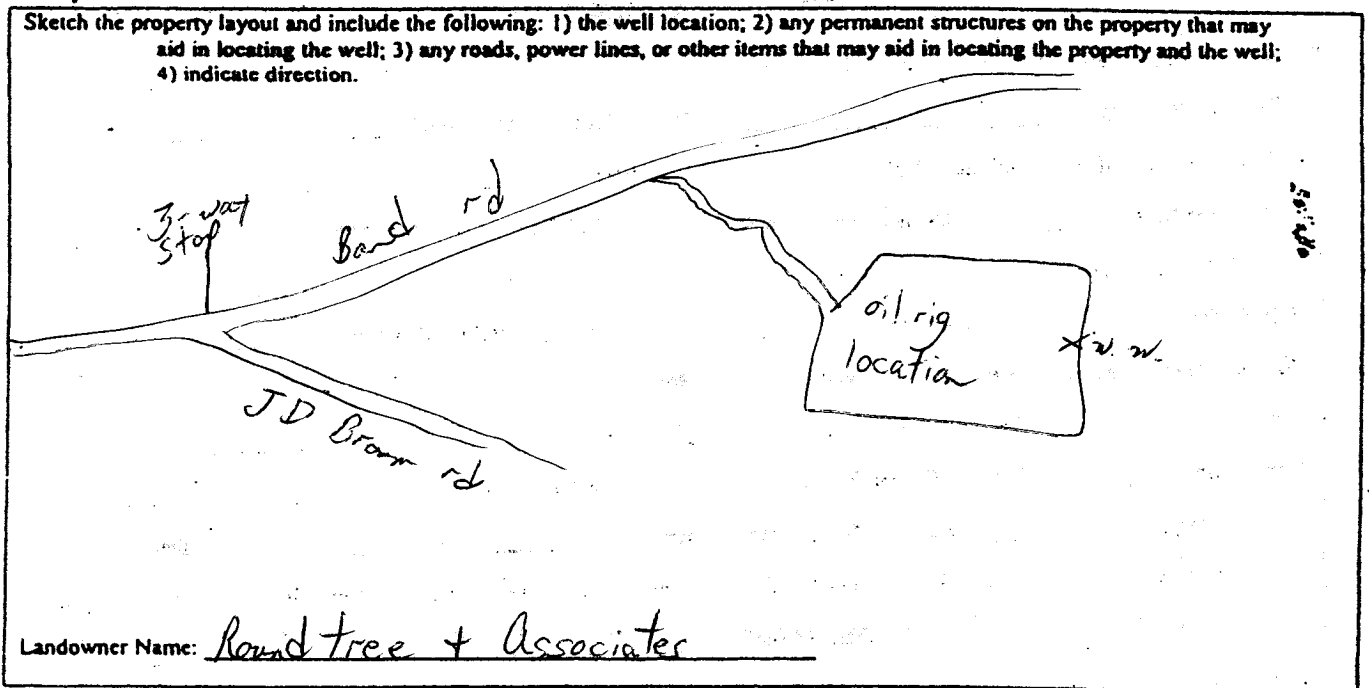
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

John W Thompson 0-679  
 Print Name of Water Well Contractor and License No.

John W Thompson  
 Signature of Water Well Contractor

clay	0	30
sand & clay	30	50
sand & gravel	50	75
clay	75	100
clay & sand	100	240
clay	240	380
clay & sand strips	380	460
sand	460	525
clay	525	540

More than one screen, show location of each on sketch



*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 #: C-137

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

County: Lamar  
 Permit #: \_\_\_\_\_  
 Driller: John W. Thompson  
 Date completed: 12-12-07

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>Roundtree &amp; Associates</u> Mailing Address: <u>P.O. Box 22861</u> <u>Jackson MS 39225</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>33</u> Twn <u>4N</u> Rng <u>16W</u> Distance _____ Direction _____ Nearest Town _____ <u>2</u> Miles <u>SW</u> of <u>Olch</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal Other (specify): _____ Date Pump Installed: <u>12-12-07</u> Rated Pump Capacity: <u>85</u> Gallons Per Minute	<input type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Windmill <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>7.5</u> Setting Depth: <u>220</u> feet Number of Stages: _____
<input checked="" type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Flowing Well	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-12-07</u> Static Water Level (A): <u>158</u> Feet Below Land Surface Pumping Water Level (B): <u>170</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>12</u> Feet Below Land Surface Test Pumping Rate: <u>85</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<input type="checkbox"/> Air Line <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>85</u> GPM with a drawdown of <u>12</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  
 Print Name of Pump Installer and License No. (if applicable)

John W. Thompson  
 Signature of Pump Installer