

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 #: D-150
L. S. Elevation _____
E-log # _____

County: LAMAR
Permit #: _____
Driller: _____
Date drilling completed: 7/3/06

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>LANE STUART</u>	Latitude: _____ " Longitude: _____ "	Method of Lat/Long (circle one): Conventional Survey.	
Mailing Address: <u>BURGE RD (BELLEVIEW)</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
<u>MS.</u>	_____ 1/4 _____ 1/4 Sec <u>24</u> Twn <u>4N</u> Rng <u>15W</u>	Distance _____ Miles Direction <u>W</u> of Nearest Town <u>HATTIESBURG</u>	
City _____ State _____ Zip Code _____	Distance <u>5</u> Miles Direction <u>W</u> of Nearest Town <u>HATTIESBURG</u>		
Telephone No. (____) _____			

Well Data

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

Date well drilling started: 7/3/06 Date well drilling completed: 7/3/06

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

Static Water Level: 68 feet above or below (circle one) land surface Date measured: 7/3/06

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

Hole depth: 104 Well depth: 100 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 90 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC SLOTTED

Screen slot size: .010 inches Setting depth: From 90 feet to 100 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.

THOMPSON BROTHERS DRILLING INC.
Print Name of Water Well Contractor and License No. 0-624

J.P. Thompson
Signature of Water Well Contractor

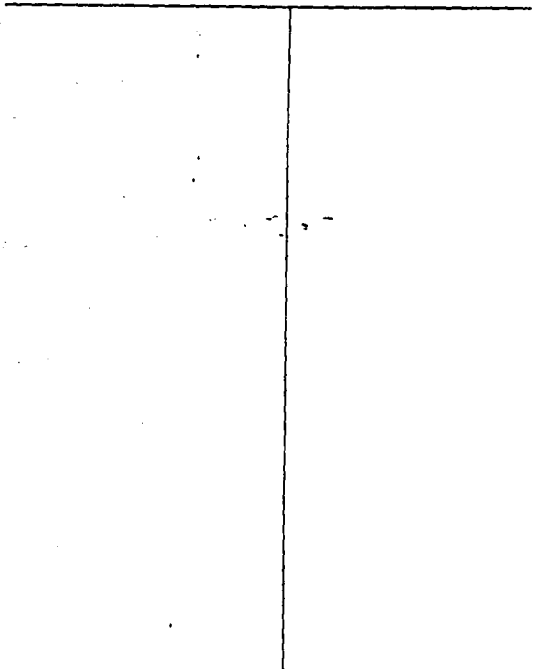
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BY: OLWR

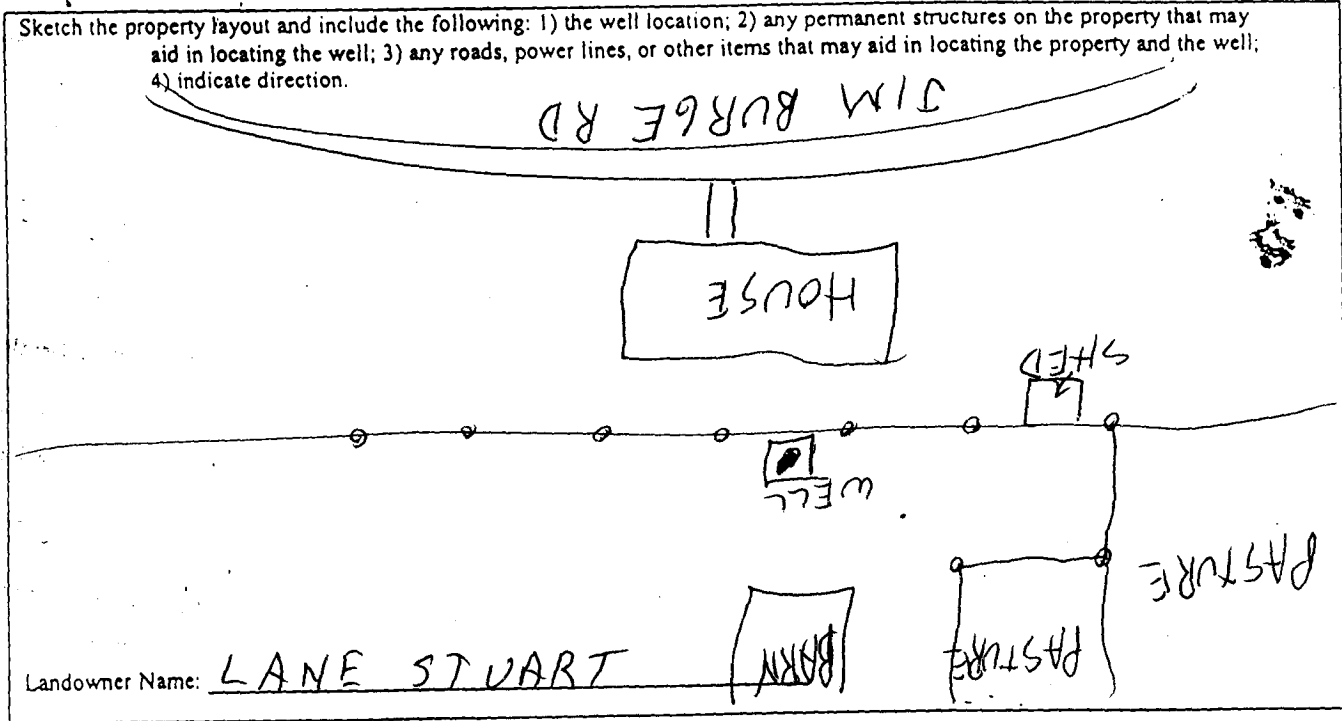
If well telescopes please sketch below and show depths

Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	5
SANDY CLAY	5	10
SAND & GRAVEL	10	40
SANDY CLAY	40	75
FINE SAND	75	90
COARSE-MED SAND	90	100
CLAY	100	104

If more than one screen, show location of each on sketch



S.P. 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:

County: LAMAR
Permit #: _____
Driller: _____
Date completed: 7/5/06

Aquifer: _____
Well #: D-150
Elevation: _____

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>LANE STUART</u>	Latitude: _____ Longitude: _____
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey, -USGS quad, Hand-held GPS, Survey-grade GPS
_____	_____ 1/4 _____ 1/4 Sec <u>24</u> Twn <u>4N</u> Rng <u>15W</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. (____) _____	<u>5</u> Miles <u>W</u> of <u>HATTIESBURG</u>

Pump Type Circle one	Power Type Circle one		
<input type="checkbox"/> Air Lift	<input type="checkbox"/> Diesel Engine	<input type="checkbox"/> Gasoline Engine	<input type="checkbox"/> Natural Gas
<input type="checkbox"/> Bucket	<input checked="" type="checkbox"/> Electric Motor	<input type="checkbox"/> Hand	<input type="checkbox"/> Tractor PTO
<input type="checkbox"/> Centrifugal	<input type="checkbox"/> Windmill	Other (specify): _____	
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>		
Date Pump Installed: <u>7/5/06</u>	Setting Depth: <u>90</u> feet		
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: _____		

Pump Test Data	Method of Measuring Water Level Circle one		
Date Well Tested: <u>7/5/06</u>	<input type="checkbox"/> Air Line	<input type="checkbox"/> Electric Measuring Line	<input type="checkbox"/> Steel Tape
Static Water Level (A): <u>68</u> Feet Below Land Surface	Other (specify): <u>WELL SOUNDER</u>		
Pumping Water Level (B): <u>80</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>15</u> GPM with a drawdown of		
Test Pumping Rate: <u>15</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.
J.P. THOMPSON 0-624 J.P. Thompson
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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