

Ryles #1

# 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 #: B-56  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Marion  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date drilling completed: 3-22-07

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>Gungoll</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>PO Box 18466</u> <u>Oklahoma City OK 73151</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>33</u> Twn <u>5N</u> Rng <u>19W</u>
Telephone No. ( ) _____	Distance _____ Miles _____ Direction <u>W</u> of Nearest Town <u>Gas</u>

**Well Data**

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

Date well drilling started: 3-22-07 Date well drilling completed: 3-22-07

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

Static Water Level: 3' feet above or below (circle one) land surface Date measured: 3-22-07

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

Hole depth: 70 Well depth: 60 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 40 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: .020 inches Setting depth: From 40 feet to 60 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

B-56

If well telescopes please sketch below and show depths.

Ground Level

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Description of Formations Encountered	From	To
sandy clay	0	5
sand + pebbles/gravel	50	70

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.

The sketch depicts a property layout with the following elements:

- A vertical road on the left labeled "Rogers rd".
- A horizontal road at the bottom labeled "Hwy 13".
- A diagonal road connecting Rogers rd and Hwy 13.
- A rectangular structure on the diagonal road labeled "oil rig location".
- A well location marked with two vertical lines on the diagonal road.

Landowner Name: Bungall

*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)

County Marion  
 Permit #:  
 Driller: John W Thompson  
 Date completed: 3-22-07

**For Office Use Only:**

Aquifer:  
 Well #: B-2956  
 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>Gungoll</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 18466</u> <u>Oklahoma City OK 73151</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec <u>33</u> Twn <u>5N</u> Rng <u>19W</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town _____ <u>1</u> Miles <u>W</u> of <u>Goss</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>3-22-07</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 Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>30</u> feet Number of Stages: _____
<input 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"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-22-07</u>	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> Other (specify): _____
Static Water Level (A): <u>3</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Pumping Water Level (B): <u>21</u> Feet Below Land Surface	Well yielded <u>100</u> GPM with a drawdown of
Drawdown [(B) - (A)]: <u>18</u> Feet Below Land Surface	<u>21</u> feet after <u>4</u> hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
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