

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 #: A-25
L. S. Elevation: _____
E-log #: _____

County: PEARL RIVER
Permit #: _____
Driller: J.P. THOMPSON
J.D. JONES
Date drilling completed: 9-22-06

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>ROUNDTREE ASSOC.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. BOX 22864</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>JACKSON MS 39225</u> City State Zip Code	<u>1/4 1/4 Sec 32 Twn 15 Rng 17W</u>
Telephone No. <u>(601) 355-4530</u>	Distance Direction Nearest Town Miles of _____
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>RIG SOAKY</u>	
Date well drilling started: <u>9-22-06</u> Date well drilling completed: <u>9-22-06</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>10</u> feet above or below (circle one) land surface Date measured: <u>9-22-06</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>WELL SOUNDER</u>	
Hole depth: <u>63</u> Well depth: <u>60</u> Well grouted to a depth of <u>20</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>40</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC SLOTTED</u>	
Screen slot size: <u>.020</u> inches Setting depth: From <u>40</u> feet to <u>60</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>	
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> 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.	
<u>THOMPSON BROTHERS DRILLING INC.</u> Print Name of Water Well Contractor and License No. <u>0-624</u>	<u>J.P. Thompson</u> Signature of Water Well Contractor

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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: PEARL RIVER
 Permit #: _____
 Driller: J.P. THOMPSON
J.D. JONES
 Date completed: 9-22-06

For Office Use Only:

Aquifer: _____
 Well #: A-25
 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>ROUNDTREE + ASSOC.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. BOX 22864</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey,
<u>JACKSON</u>	<input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>MS</u> <u>39225</u>	<input type="radio"/> 1/4 _____ 1/4 Sec <u>32</u> Twn <u>15</u> Rng <u>17W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601)355-4530</u>	<u>15</u> Miles <u>WNW</u> of <u>POPLARVILLE</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill Other (specify): _____ Horse Power Rating of Motor: <u>3</u> Setting Depth: <u>40</u> feet Number of Stages: _____
Date Pump Installed: <u>9-22-06</u>	
Rated Pump Capacity: <u>55</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-22-06</u>	<input checked="" type="checkbox"/> <u>Air Line</u> <input checked="" type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>10</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>27</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>17</u> Feet Below Land Surface	Well yielded <u>60</u> GPM with a drawdown of
Test Pumping Rate: <u>60</u> Gallons Per Minute	<u>17</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
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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