

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-54
L. S. Elevation: _____
E-log #: _____

County: Perry
Permit #: _____
Driller: John W Thompson
Date drilling completed: 8-28-07

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>Larry Creel</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u> Hwy 29</u> <u>Runnelstown MS</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>27</u> Twn <u>4N</u> Rng <u>11W</u> |
| Telephone No. () _____ | Distance _____ Direction _____ Nearest Town _____ <u>7</u> Miles <u>5</u> of <u>Runnelstown</u> |

Well Data

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

Date well drilling started: 8-28-07 Date well drilling completed: 8-30-07

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

Static Water Level: 6 feet above or below (circle one) land surface Date measured: 8-30-07

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

Hole depth: 330 Well depth: 325 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 305 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: .010 inches Setting depth: From 305 feet to 325 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

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SEP 12 2007
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 39229-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Perry
 Permit #: _____
 Driller: John V Thompson
 Date completed: 8-28-07

For Office Use Only:

Applicator: _____
 Well #: D-54
 Elevator: _____

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>Larry Creel</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u> Hwy 29, </u> <u>Runnelstown, MS</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | _____ 1/4 _____ 1/4 Sec <u>27</u> Twn <u>4N</u> Rng <u>11W</u> |
| Telephone No. () _____ | Distance _____ Direction _____ Nearest Town _____ <u>7</u> Miles <u>S</u> of <u>Runnelstown</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): _____ |
| Date Pump Installed: <u>8-31-07</u> | HP Motor Rating of Motor: <u>1</u> |
| Rated Pump Capacity: <u>19</u> Gallons Per Minute | Soring Depth: <u>60</u> feet |
| | Number of Stages: _____ |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|--|
| Date Well Tested: <u>8-30-07</u> | <input type="checkbox"/> Air Line <input checked="" type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape Other (specify): _____ |
| Static Water Level (A): <u>6</u> Feet Below Land Surface | For flowing well, measured static in head: _____ feet |
| Pumping Water Level (B): <u>38</u> Feet Below Land Surface | Well yielded <u>100</u> GPM with a drawdown of |
| Drawdown (B)-(A): <u>32</u> Feet Below Land Surface | <u>32</u> feet after <u>4</u> hours of pumping |
| Test Pumping Rate: <u>100</u> 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

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 SEP 12 2007
 BY: OLWR