

Quarles Estate 6-11

# STATE WELL REPORT

## Part 1

### Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225-2309  
(601)961-5210  
(601)360-0535 (fax)

### For Office Use Only:

Well #: N46  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Hankin  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date drilling completed: 12-23-13

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>			Well or Borehole Location		
Owner Name: <u>Roundtree &amp; Associates</u>			Latitude: <u>32°18'4.7"</u> Longitude: <u>89°49'40.2"</u>		
Mailing Address: <u>P.O. Box 22864</u>			Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> AC		
<u>Jackson MS</u>			USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
City _____ State _____ Zip Code _____			<u>NE 1/4 SW 1/4, Sec 6 T 5N R 5E</u>		
Telephone No. (____) _____			<u>1</u> Miles <u>SW</u> of <u>Relahatchie</u>		
			(Distance) (Direction) (Nearest Town)		

**Well / Borehole Data**

Date drilling started: 12-19-13 Date drilling completed: 12-23-13 Hole depth: 603 Hole diameter: 7

Location of the source of any surface water used for drilling: Local Creek

Method of dosing and volume of Chlorine used in drilling and development: add 8 gallons bleach

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump  
Seismic Survey Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): Fig supply

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

Static Water Level: 201 feet [above or below] land surface Date measured: 12-23-13  
(circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): \_\_\_\_\_

Well depth: 603 Well grouted to a depth of: 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 515 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 80 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: 010 inches Setting depth: From 575 feet to 595 feet

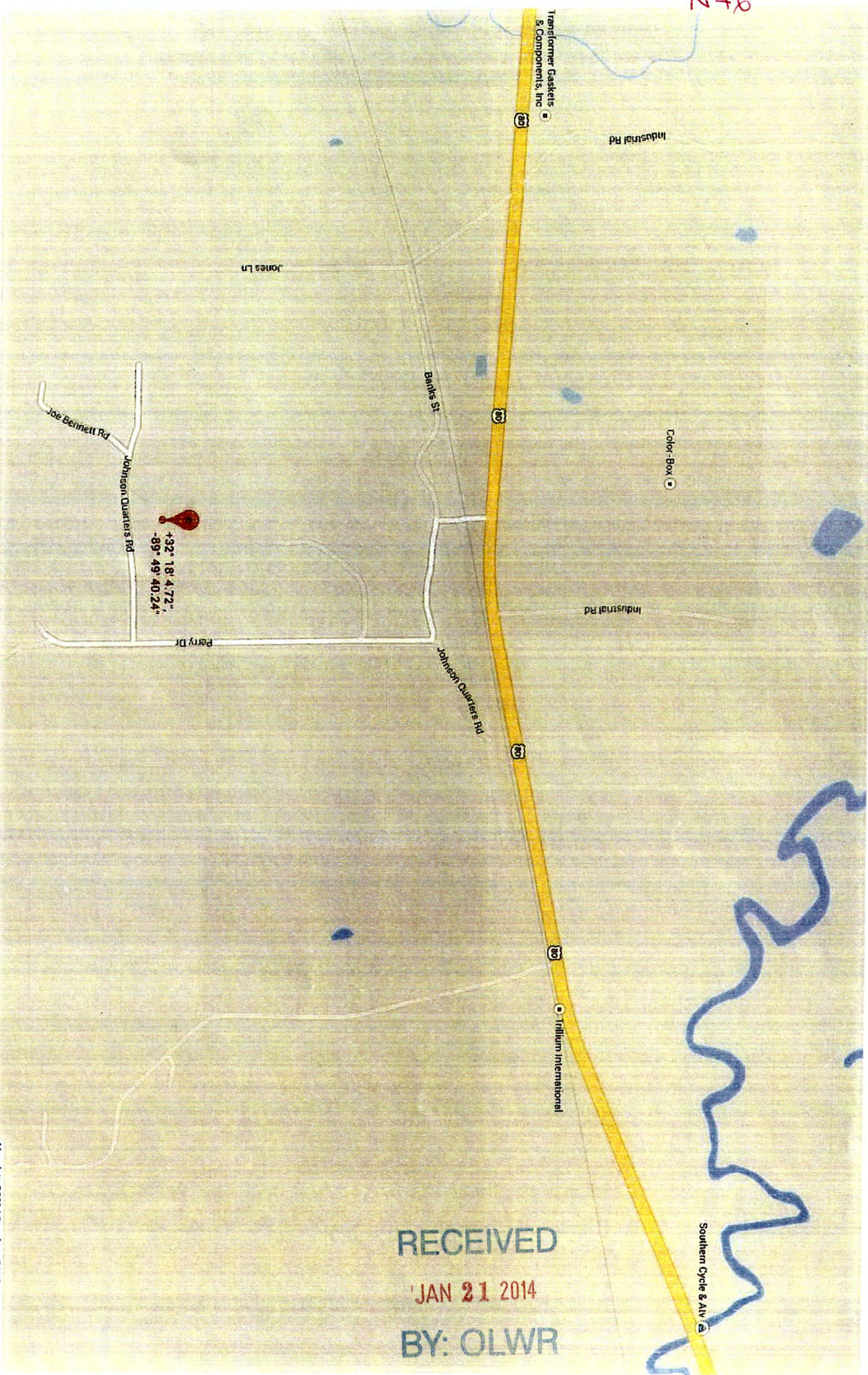
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet

*If telescoped or more than one screen, describe on next page*

N46



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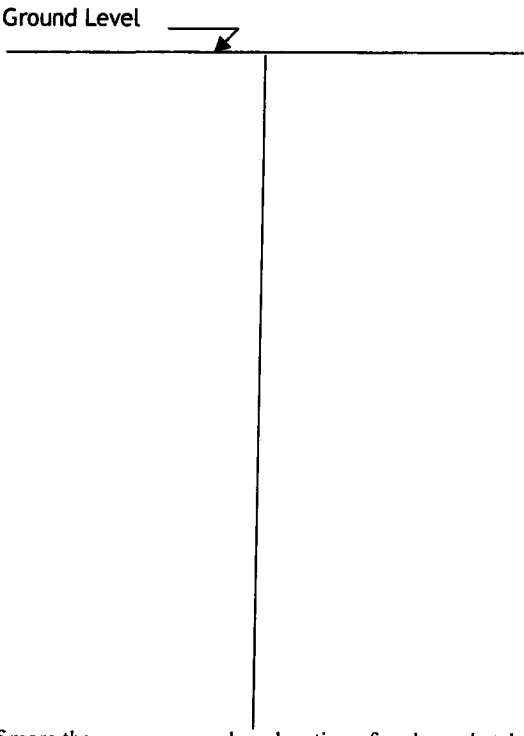
Map data ©2014 Google 500 ft

County: Rankin  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: N46

The sketch below only required for water wells

If well telescopes, show depths on sketch.



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
hard clay	Ground level	10
white clay	10	20
blue clay	20	260
sand & clay	260	300
clay & shale	300	360
sand & clay	360	420
fine sand	420	560
sand & shale	560	603

If 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) north arrow

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 MISSISSIPPI

Landowner Name: Roundtree

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

John W Thompson 0-679 1-16-14 John W Thompson  
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225-2309  
(601)961-5210  
(601) 360-0535 (fax)

### For Office Use Only:

Well #: 1246

Aquifer: \_\_\_\_\_

County: Rankin  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date completed: 12-23-13  
**Copy information from block on Part 1**

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information			Well Location		
Owner Name: <u>Roundtree + Associates</u>			Latitude: <u>32°18'4.7"</u> Longitude: <u>89°49'40.2"</u>		
Mailing Address: <u>P.O. Box 22864</u> <u>Jackson MS</u>			Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____		
City	State	Zip Code	_____ 1/4 _____ 1/4, Sec <u>6</u> T <u>5N</u> R <u>5E</u>		
Telephone No. (____) _____			<u>1</u> Miles <u>SW</u> of <u>Pelahatchie</u> (Distance) (Direction) (Nearest Town)		

**Pump Type (circle one)**  
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
Date Pump Installed: 12-23-13 Rated Pump Capacity: 55 Gallons Per Minute  
Is This Pump (circle one):  New Repaired Replacement

**Power Type (circle one)**  
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): \_\_\_\_\_  
Horse Power Rating of Motor: 7.5 Setting Depth: 260 feet Number of Stages: \_\_\_\_\_

**Pump Test Data for Non Flowing Well**  
Date Well Tested: 12-23-13 Duration of Pump Test (minimum 4 hours): 4 hours  
Static Water Level (A): 201 Feet Below Land Surface Pumping Water Level (B): 221 Feet Below Land Surface  
Drawdown [(B) - (A)]: 20 Feet Below Land Surface Test Pumping Rate: 40 Gallons Per Minute  
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**  
Measured shut in head: \_\_\_\_\_ feet.  
Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**  
Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_  
Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_  
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_  
Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_  
Is This Meter (circle one): New Repaired Replacement  
**Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.**

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
John W Thompson 0-679 1-16-14 John W Thompson  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer