

C.M. Wells #3

### 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 #:	<u>L30</u>
L. S. Elevation:	_____
E-log #:	_____

County:	<u>Simpson</u>
Permit #:	_____
Driller:	<u>John W Thompson</u>
Date drilling completed:	<u>2-14-13</u>

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>Moon Hines &amp; Tigrett</u>		Latitude:	<u>31.52.28"</u>	
Mailing Address:	<u>P.O. Box 919</u>		Longitude:	<u>89.39.37"</u>	
	<u>Jackson, MS</u>		Method of Lat/Long (circle one):	Conventional Survey,	
City	State	Zip Code	USGS quad:	<u>Hand-held GPS</u> , Survey-grade GPS	
Telephone No. ( )				<u>1R 1/4 SW 1/4 Sec 35 Twn 1N Rng 6E</u>	
			Distance	Direction	Nearest Town
			<u>5</u> Miles	<u>E</u>	of <u>Magee</u>

Well Data						
Purpose of Well (circle one)	<u>Home</u>	Industrial	Public Supply	Irrigation	Fish Culture	Other: <u>rig supply</u>
Date well drilling started:	<u>2-13-13</u>		Date well drilling completed:	<u>2-14-13</u>		
If flowing, method of flow regulation:	Valve	Other (describe) _____				
Static Water Level:	<u>98</u>	feet above or <u>below</u> (circle one) land surface	Date measured:	<u>2-14-13</u>		
Method of Measurement (circle one)	steel tape	electric tape	<u>air line</u>	other: _____		
Hole depth:	<u>180</u>	Well depth:	<u>180</u>	Well grouted to a depth of	<u>20</u> feet	
Type of grout (circle one):	Cement	<u>Bentonite</u>	Mix			
Casing length:	<u>140</u> feet	Casing diameter:	<u>4</u> inches	Type of casing:	<u>PVC</u>	
Screen length:	<u>40</u> feet	Screen diameter:	<u>4</u> inches	Type of screen:	<u>PVC slotted</u>	
Screen slot size:	<u>.020 + .010</u> inches	Setting depth: From	<u>140</u> feet to	<u>180</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.

John W Thompson 0-679  
Print Name of Water Well Contractor and License No.

John W Thompson RECEIVED  
Signature of Water Well Contractor  
MAR 13 2013

BY: OLWR

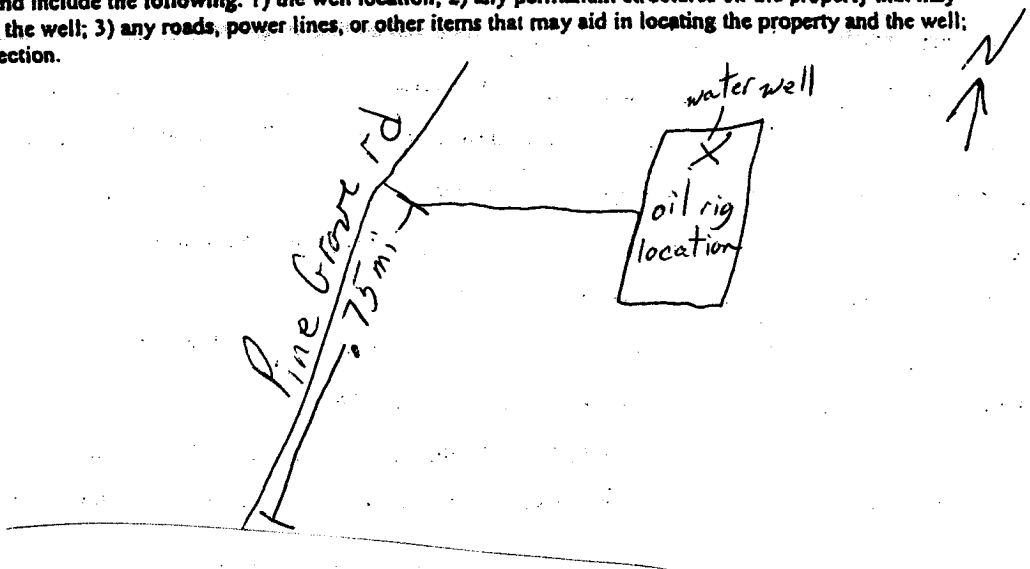
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
red sandy clay	0	20
sand + gravel	20	160
sand, gravel	160	180

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.



Landowner Name: Moon, Hines + Tigeret

Hwy 28

*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: Simpson  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date completed: 2-14-13  
*Copy information from black on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: L30  
 Elevation: \_\_\_\_\_

*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>Moore Hines &amp; Tigeret</u>	Latitude: <u>31°52'28"</u> Longitude: <u>89°39'39"</u>
Mailing Address: <u>P.O. Box 919</u> <u>Jackson MS</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>35</u> T <u>1N</u> R <u>6E</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____ <u>5</u> Miles <u>E</u> of <u>Magree</u>
Telephone No. ( ) _____	

Pump Type Circle one	Power Type Circle one
Air Lift _____ Jet _____ <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ Turbine _____	<input checked="" type="radio"/> <u>Electric Motor</u> _____ Hand _____ Tractor PTO _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>7.5</u>
Date Pump Installed: <u>2-14-13</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>85</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-14-13</u>	Air Line _____ Electric Measuring Line _____ Steel Tape _____
Static Water Level (A): <u>98</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>124</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>26</u> Feet Below Land Surface	Well yielded <u>80</u> GPM with a drawdown of
Test Pumping Rate: <u>80</u> Gallons Per Minute	<u>26</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.

John W Thompson 0-679      John W Thompson  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

**RECEIVED**  
 Form: OLWR-SWR-1B

MAR 18 2013

BY: OLWR