

State Well Report

Part I

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-48
L.S. Elevation _____
E-log # _____

County Smith
Permit # _____
Driller John W. Thompson
Date drilling completed: 6-15-06

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 + Associates</u>	Latitude	Longitude
Mailing Address	<u>P.O. Box 22864 Jackson, MS 39225</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>12</u> Twn <u>4N</u> Rng <u>6E</u>
Telephone No. ()		Distance <u>3</u> Miles	Direction <u>E</u> of Nearest Town <u>Pikeville</u>

Well Data

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

Date well drilling started: 6-13-06 Date well drilling completed: 6-15-06

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

Static Water Level: 117 feet above or below (circle one) land surface Date measured: 6-15-06

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

Hole depth: 660 Well depth: 600 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement _____ Bentonite _____ Mix _____

Casing length: 520 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 + 002 inches Setting depth: From 440-460 feet to 540-600 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

RECEIVED
JUN 20 2006
BY _____

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)

For Office Use Only:

Aquifer _____

Well #: A-48

Elevation: _____

County: Smith

Permit #: _____

Driller: John W Thompson

Date completed: 6-15-06

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

Owner Name: Roundtree + Associates

Mailing Address: P.O. Box 22864
Jackson MS 39225

City _____ State _____ Zip Code _____

Telephone No. (____) _____

Well Location

Latitude: _____ Longitude: _____

Method of Lat/Long (circle one): Conventional Survey.
-USGS quad, Hand-held GPS, Survey-grade GPS

_____ 1/4 _____ 1/4 Sec 12 Twn 4N Rng 6E

Distance _____ Direction _____ Nearest Town _____
3 Miles E of Polkville

Pump Type
Circle one

<input type="checkbox"/> Air Lift	<input type="checkbox"/> Jet	<input checked="" type="checkbox"/> Submersible
<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): _____

Date Pump Installed: _____

Rated Pump Capacity: 85 Gallons Per Minute

Power Type
Circle one

<input type="checkbox"/> Diesel Engine	<input type="checkbox"/> Gasoline Engine	<input type="checkbox"/> Natural Gas
<input checked="" type="checkbox"/> Electric Motor	<input type="checkbox"/> Hand	<input type="checkbox"/> Tractor PTO
<input type="checkbox"/> Windmill	Other (specify): _____	

Horse Power Rating of Motor: 7 1/2

Setting Depth: 180 feet

Number of Stages: _____

Pump Test Data

Date Well Tested: _____

Static Water Level (A): 117 Feet Below Land Surface

Pumping Water Level (B): 130 Feet Below Land Surface

Drawdown [(B) - (A)]: 13 Feet Below Land Surface

Test Pumping Rate: 90 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
Circle one

<input checked="" type="checkbox"/> Air Line	<input type="checkbox"/> Electric Measuring Line	<input type="checkbox"/> Steel Tape
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Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded 90 GPM with a drawdown of
13 feet after 4 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

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

John W Thompson
Signature of Pump Installer

RECEIVED
JUL 20 2006
BY: OLW