

G. Gunn 8-11 #7

# 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 #: Q-38  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Smith  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date drilling completed: 10-25-07

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>Tellus Operating</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>602 Crescent Plaza ste 100</u> <u>Ridgeland MS</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>8</u> Twn <u>1N</u> Rng <u>9E</u>
Telephone No. ( ) _____	Distance: <u>4</u> Miles Direction: <u>S</u> of Nearest Town: <u>Sylvarene</u>

**Well Data**

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

Date well drilling started: 10-25-07 Date well drilling completed: 10-25-07

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

Static Water Level: 6 feet above or below (circle one) land surface Date measured: 10-25-07

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

Hole depth: 50 Well depth: 40 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement  Bentonite Mix

Casing length: 30 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: .020 inches Setting depth: From 30 feet to 40 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



# 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 #: Q-38

Elevation: \_\_\_\_\_

County: Smith  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date completed: 10-25-07

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>Tellus Operating</u> Mailing Address: <u>102 Crestant Plaza ste 100</u> <u>Ridgeland MS</u> City _____ State _____ Zip Code _____ Telephone No. ( ) _____	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>8</u> Twn <u>1N</u> Rng <u>9E</u> Distance _____ Direction _____ Nearest Town _____ <u>4</u> Miles <u>S</u> of <u>Sylarona</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): _____ Date Pump Installed: <u>10-25-07</u> Rated Pump Capacity: <u>55</u> Gallons Per Minute	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill      Other (specify): _____ Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>30</u> feet Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-25-07</u> Static Water Level (A): <u>6</u> Feet Below Land Surface Pumping Water Level (B): <u>15</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>9</u> Feet Below Land Surface Test Pumping Rate: <u>50</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<input type="checkbox"/> Air Line <input checked="" type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>50</u> GPM with a drawdown of <u>9</u> feet after <u>4</u> 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