

JUN 17 2005
34-01WR

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 #: Q-52
L. S. Elevation: _____
E-log #: _____

County: Smith
Permit #: _____
Driller: John W. Thompson
Date drilling completed: 6-14-05

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</u> <u>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>20</u> Twn <u>10N</u> Rng <u>15W</u>
Telephone No. (_____) _____	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

Well Data

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

Date well drilling started: 6-13-05 Date well drilling completed: 6-14-05

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

Static Water Level: 90' feet above or below (circle one) land surface Date measured: 6-14-05

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

Hole depth: 323 Well depth: 320 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length 300 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: .020 inches Setting depth: From 300 feet to 320 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 0-0679 John W. Thompson
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

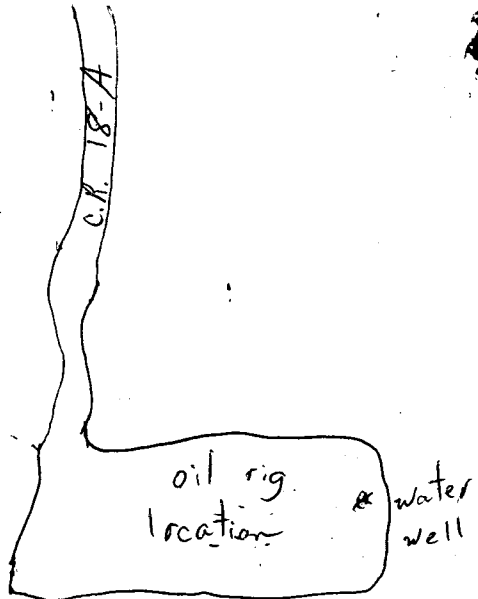
Q-52

Ground Level

Description of Formations Encountered	From	To
clay	0	20
sand & clay	20	40
pea gravel & clay strips	40	60
clay	60	100
fine sand & clay	100	110
clay	110	180
fine sand	180	205
clay	205	310
coarse sand	310	320
clay	320	323

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) indicate direction.



Landowner Name: Roundtree

John W. Thompson
 Signature of Water Well Contractor

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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: Smith
Permit #: _____
Driller: John W. Thompson
Date completed: 6-14-05

For Office Use Only:
Aquifer: _____
Well #: Q-52
Elevation: _____

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 20 Twn 10N Rng 15W
Distance Direction Nearest Town
____ Miles ____ of _____

Pump Type
Circle one
Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____
Date Pump Installed: 6-14-05
Rated Pump Capacity: 85 Gallons Per Minute

Power Type
Circle one
Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
Windmill Other (specify): _____
Horse Power Rating of Motor: 5
Setting Depth: 160 feet
Number of Stages: _____

Pump Test Data
Date Well Tested: _____
Static Water Level (A): 90 Feet Below Land Surface
Pumping Water Level (B): 111 Feet Below Land Surface
Drawdown ((B) - (A)): 21 Feet Below Land Surface
Test Pumping Rate: 100 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
Circle one
Air Line Electric Measuring Line Steel Tape
Other (specify): _____
For flowing well, measured shut in head: _____ feet
Well yielded 100 GPM with a drawdown of
21 feet after 4 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
John W. Thompson 0-0679
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer