

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 #: D-37
L. S. Elevation: _____
E-log #: _____

County: WAYNE
Permit #: _____
Driller: J.P. THOMPSON
V.D. JONES
Date drilling completed: 9-13-06

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>FURBUR ROBINSON</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>108 CR. 637</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>WAYNESBORO MS, 39367</u>	_____ 1/4 _____ 1/4 Sec <u>4</u> Twn <u>10N</u> Rng <u>6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 687-6952</u>	_____ Miles _____ of _____

Well Data

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

Date well drilling started: 9-13-06 Date well drilling completed: 9-13-06

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

Static Water Level: 62 feet above or below (circle one) land surface Date measured: 9-13-06

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

Hole depth: 343 Well depth: 335 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 295 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: 004/010 inches Setting depth: From 295 feet to 335 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.

THOMPSON BROTHERS DRILLING INC. J.P. Thompson
Print Name of Water Well Contractor and License No. 0-624 Signature of Water Well Contractor

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OCT 09 2006
BY: OLWR

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: WAYNE
Permit #: _____
Driller: J.P. THOMPSON
J.D. JONES
Date completed: 9-14-06

For Office Use Only:
Aquifer: _____
Well #: D-37
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	Well Location
Owner Name: <u>FURBER ROBINSON</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>109 CR. 637</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>WAYNESBORO MS. 39367</u>	_____ 1/4 _____ 1/4 Sec <u>4</u> Twn <u>10N</u> Rng <u>6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 687-6952</u>	<u>2</u> Miles <u>N</u> of <u>MATHERVILLE</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Windmill
<input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary	<input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Other (specify): _____
<input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Flowing Well	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO
Date Pump Installed: <u>9-14-06</u>	Horse Power Rating of Motor: <u>3</u>
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Setting Depth: <u>140</u> feet
	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-14-06</u>	<input checked="" type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>62</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B)-(A)]: <u>38</u> Feet Below Land Surface	Well yielded <u>60</u> GPM with a drawdown of
Test Pumping Rate: <u>35</u> Gallons Per Minute	<u>74</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.

J.P. Thompson
Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

THOMPSON BROTHERS DRILLING INC,
0-624

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OCT 09 2006

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