

# 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 #: F125  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Wayne  
Permit #: \_\_\_\_\_  
Driller: John W Thompson  
Date drilling completed: 7-26-12

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.

<b>Well Owner Information</b> Owner Name: <u>Allen Van Orden</u> Mailing Address: <u>3 C-A Drive</u> <u>Shubuta MS</u> City _____ State _____ Zip Code _____ Telephone No. ( ) _____	<b>Well Location</b> Latitude: <u>31° 16' 13"</u> Longitude: <u>88° 49' 53"</u> Method of Lat/Long (circle one): Conventional Survey, <u>46 27</u> USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>NE ¼ SE ¼ Sec 2</u> ✓ <u>9 N</u> ✓ <u>9 W</u> ✓ Distance <u>1.5</u> Miles Direction <u>S</u> of Nearest Town <u>Eucutta</u>
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**Well Data**

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

Date well drilling started: 6-18-12 Date well drilling completed: 7-26-12

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

Static Water Level: 120 feet above or below (circle one) land surface Date measured: 7-26-12

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

Hole depth: 240 Well depth: 240 Well grouted to a depth of 50 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 155 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: Open hole feet Screen diameter: ← inches Type of screen: Open hole

Screen slot size: \_\_\_\_\_ inches Setting depth: From \_\_\_\_\_ feet to \_\_\_\_\_ 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

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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: John W Thompson  
 Date completed: 7-26-12  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: F125  
 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>Allen Van Orden</u>	Latitude: <u>31°46'13"</u> Longitude: <u>86°49'53"</u>
Mailing Address: <u>3 C-A Drive</u>	<u>46 27</u> Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> Survey-grade Survey <input checked="" type="checkbox"/>
<u>Shubuta MS</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NE ¼ SE ¼ Sec 2 T 9N R 9W</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town _____
	<u>1.5</u> Miles <u>S</u> of <u>Fucutta</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1.5</u>
Date Pump Installed: <u>7-26-12</u>	Setting Depth: <u>150</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-26-12</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>120</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>150</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B)-(A)]: <u>30</u> Feet Below Land Surface	Well yielded <u>5</u> GPM with a drawdown of
Test Pumping Rate: <u>5</u> Gallons Per Minute	<u>30</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): _____ 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

Form: OLWR-SWR-1B

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AUG 06 2012

BY: OLWR