

ETL Mineral 34-1

# STATE WELL REPORT

## Part 1

### Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225-2309  
(601)961-5210  
(601)360-0535 (fax)

#### For Office Use Only:

Well #: M136

Aquifer: \_\_\_\_\_

E-Log #: \_\_\_\_\_

County: Wayne  
 Permit #: \_\_\_\_\_  
 Driller: John W. Thompson  
 Date drilling completed: 4-10-13

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Moon Hines + Tigerret</u>	Latitude: <u>31 36 39</u> Longitude: <u>88 46 28</u>
Mailing Address: <u>P.O. Box 919</u> <u>Jackson MS</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SE 1/4 SE 1/4, Sec 34 T 8 N R 8 W</u>
Telephone No. (____) _____	<u>6</u> Miles <u>NW</u> of <u>Clara</u> (Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 4-10-13 Date drilling completed: 4-10-13 Hole depth: 223 Hole diameter: 7"  
 Location of the source of any surface water used for drilling: Local Creek water  
 Method of dosing and volume of Chlorine used in drilling and development: added bleach to water (5 gallons)  
 Logs run (circle all applicable):  No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_  
 Name of organization running log(s): \_\_\_\_\_  
 Purpose of borehole (circle one):  Water Well  Geotechnical/Geological Investigation  Ground Source Heat Pump  
 Seismic Survey  Other (describe) \_\_\_\_\_  
*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (circle all applicable): Home  Industrial  Public Supply  Irrigation  Fish Culture   
 Other (describe): rig supply  
 If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 31 feet (above or below land surface) (circle one) Date measured: 4-10-13  
 Method of measurement (circle one): Steel tape   Electric tape  Air line  Other (describe): \_\_\_\_\_  
 Well depth: 220 Well grouted to a depth of: 20 feet Type of grout (circle one): Neat Cement   Bentonite  Mix  
 Casing length: 180 feet Casing diameter: 4 inches Type of casing: PVC  
 Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC slotted  
 Screen slot size: .010 inches Setting depth: From 180 feet to 220 feet  
 Type of completion (circle all applicable): Gravel packed  Underreamed  Open hole   Natural Development  
 Other (describe): \_\_\_\_\_  
 Top of lap pipe or reduction in casing: NA feet

If telescoped or more than one screen, describe on next page

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BY: OLWR

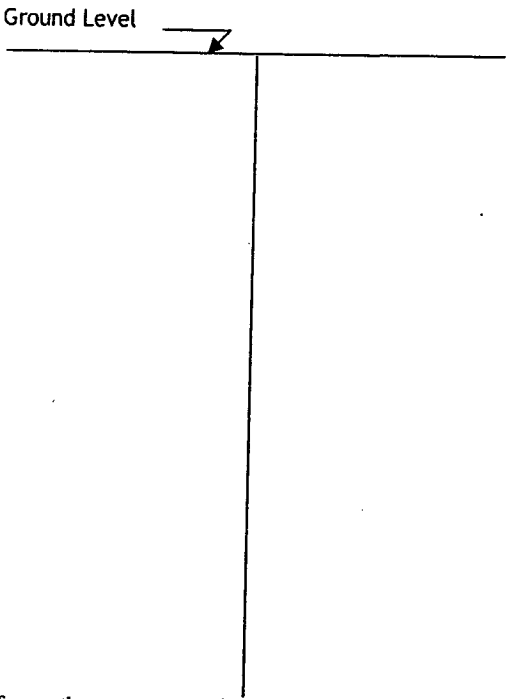
County: Wayne  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: M136

The sketch below only required for water wells

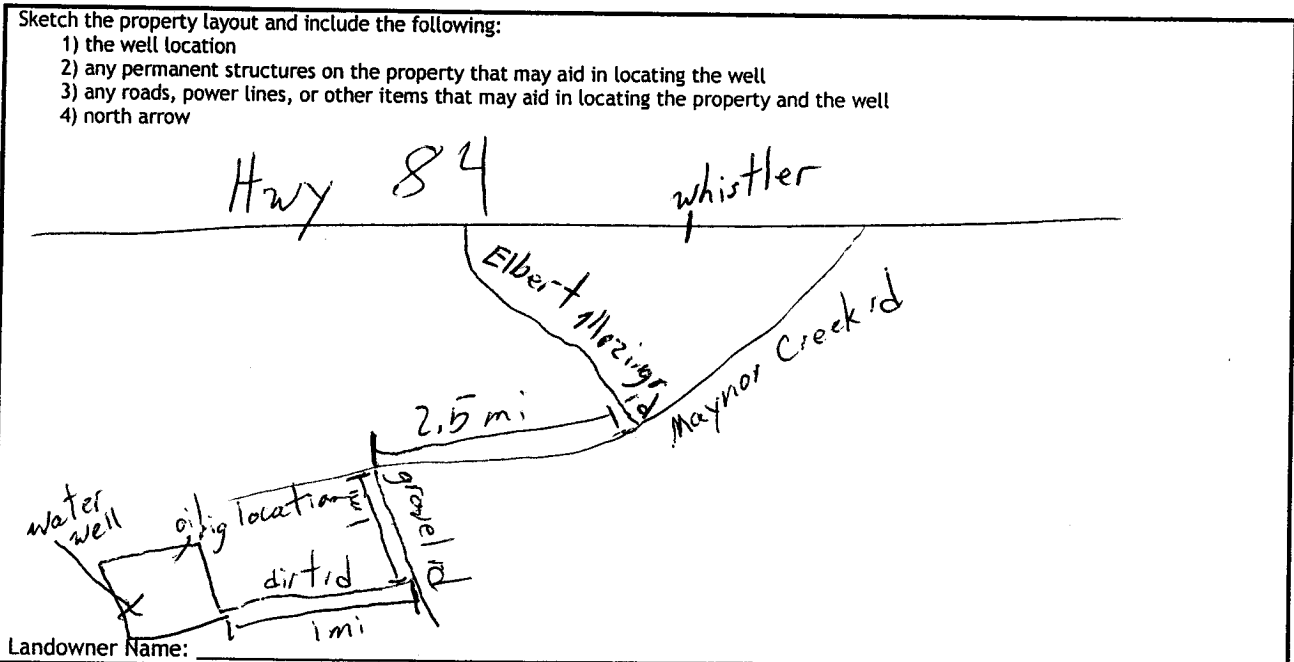
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
sandy clay	Ground level	10
white clay	10	30
blue clay	30	120
soft clay	120	130
course sand	130	223

If more than one screen, show location of each on sketch



I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

John W Thompson 0-679 5-2-13 John W Thompson  
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

County: Wayne  
 Permit #: \_\_\_\_\_  
 Driller: John W. Thompson  
 Date completed: 4-10-13  
Copy information from block on Part 1

**For Office Use Only:**

Well #: M136  
 Aquifer: \_\_\_\_\_

*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>Moore, Hines, Tigerret</u>	Latitude: <u>31° 86' 39"</u> Longitude: <u>88° 46' 28"</u>
Mailing Address: <u>P.O. Box 919</u> <u>Jackson MS</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4, Sec. <u>34</u> T <u>8N</u> R <u>8W</u>
Telephone No. (____) _____	<u>6</u> Miles <u>NW</u> of <u>Clara</u> (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_

Date Pump Installed: 4-10-13 Rated Pump Capacity: 85 Gallons Per Minute

Is This Pump (circle one):  New  Repaired  Replacement

**Power Type (circle one)**

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 5 Setting Depth: 60 feet Number of Stages: \_\_\_\_\_

**Pump Test Data for Non Flowing Well**

Date Well Tested: 4-10-13 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 31 Feet Below Land Surface Pumping Water Level (B): 35 Feet Below Land Surface

Drawdown [(B) - (A)]: 4 Feet Below Land Surface Test Pumping Rate: 100 Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape  Air line Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**

Measured shut in head: \_\_\_\_\_ feet.

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**

Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_

Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_

Is This Meter (circle one):  New  Repaired  Replacement

*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

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

John W. Thompson 0-679 5-2-13 John W. Thompson  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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Form: OLWR-SWB (4/11) OLWR