

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 #: L-25
L.S. Elevation: _____
E-log #: _____

County: Wilkinson
Permit #: _____
Driller: John W. Thompson
Date drilling completed: 9-21-05

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: _____	Method of Lat/Long (circle one): Conventional Survey	
Mailing Address: <u>P.O. Box 22864</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
<u>Jackson MS</u>	_____ 1/4 _____ 1/4 Sec <u>24</u> Twn <u>2N</u> Rng <u>32W</u>		
City _____ State _____ Zip Code _____	Distance _____ Miles	Direction <u>NW</u>	Nearest Town <u>Woodville</u>
Telephone No. (____) _____			
Well Data			
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: <u>rig supply</u>	Date well drilling started: <u>9-19-05</u> Date well drilling completed: <u>9-21-05</u>		
If flowing, method of flow regulation: Valve _____ Other (describe) _____	Static Water Level: <u>194</u> feet above or below (circle one) land surface Date measured: <u>9-21-05</u>		
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	Hole depth: <u>3</u> Well depth: <u>330</u> Well grouted to a depth of <u>10</u> feet		
Type of grout (circle one): Cement <u>Bentonite</u> Mix	Casing length <u>310</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>		
Screen length <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC slotted</u>	Screen slot size: <u>.020</u> inches Setting depth: From <u>310</u> feet to <u>330</u> feet		
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>	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): <u>No log run</u> 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.			
<u>John W. Thompson 0-0679</u>		<u>John W. Thompson</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

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BY: OLWR

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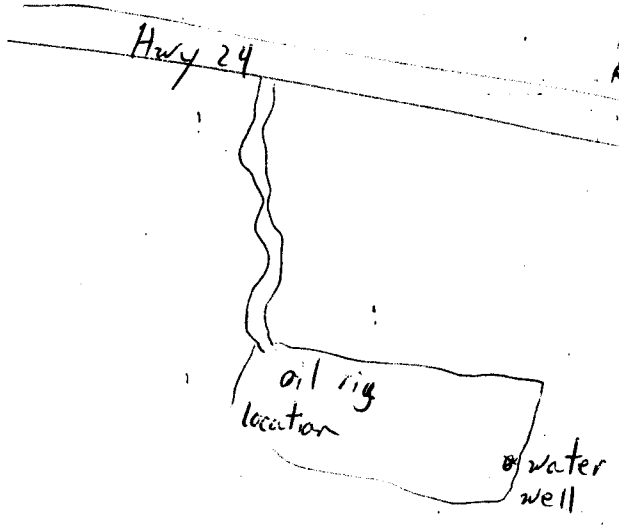
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
sandy clay	0	20
clay	20	100
clay & sand strips	100	120
fine sand & clay strips	120	205
clay	205	300
sand	300	310
good sand	310	330

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 & Associates

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 #: L-25

Elevation: _____

County: Wilkinson
 Permit #: _____
 Driller: John W Thompson
 Date completed: 9-21-05

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>Roundtree & Associates</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 22864</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Jackson MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>24</u> Twn <u>2N</u> Rng <u>3W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>5</u> Miles <u>NW</u> of <u>Woodville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____	Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>7 1/2</u> Setting Depth: <u>280</u> feet Number of Stages: _____
Date Pump Installed: <u>9-23-05</u>	
Rated Pump Capacity: <u>85</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>194</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>124</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>80</u> GPM with a drawdown of
Test Pumping Rate: <u>80</u> Gallons Per Minute	<u>30</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.

John W Thompson 0-0679
 Print Name of Pump Installer and License No. (if applicable)

John W. Thompson
 Signature of Pump Installer

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