

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 #: M-27
L. S. Elevation: _____
E-log #: _____

County: Wilkinson
Permit #: _____
Driller: John W Thompson
Date drilling completed: 8-10-06

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>Roundtree & Associates</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 22864</u> <u>Jackson MS</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>5</u> Twn <u>2N</u> Rng <u>2W</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____ <u>4</u> Miles <u>NW</u> of <u>Woodville</u>

Well Data

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

Date well drilling started: 8-10-06 Date well drilling completed: 8-10-06

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

Static Water Level: 123 feet above or below (circle one) land surface Date measured: 8-10-06

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

Hole depth: 218 Well depth: 215 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 195 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 195 feet to 215 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): _____

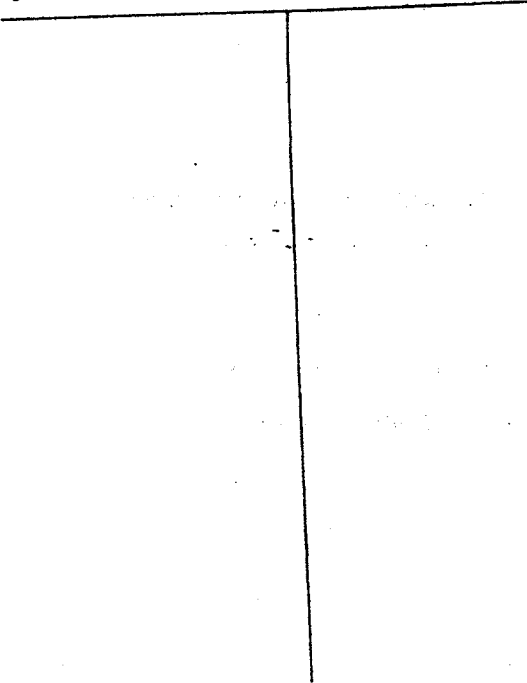
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

John W Thompson 0-679 _____
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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BY: OLWR

If well telescopes please sketch below and show depths.

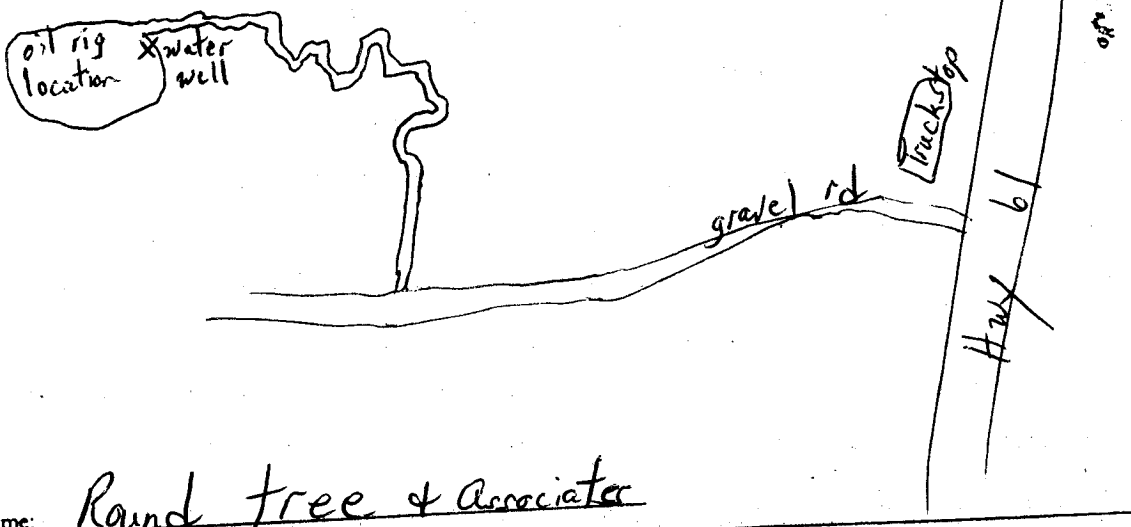
Ground Level



Description of Formations Encountered	From	To
blue clay	0	140
sand & clay	140	162
clay	160	195
sand	195	215
clay	215	218

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: Rand tree & Associates

[Handwritten Signature]
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)

County: Wilkinson
 Permit #: _____
 Driller: John W Thompson
 Date completed: 8-10-06

For Office Use Only:

Aquifer: _____
 Well #: M-27
 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>Rand Free + 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 _____	_____ 1/4 _____ 1/4 Sec <u>5</u> Twn <u>2N</u> Rng <u>2W</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____
	<u>4</u> Miles <u>NW</u> of <u>Woodville</u>

Pump Type Circle one	Power Type Circle one
<input checked="" type="radio"/> Air Lift	<input type="radio"/> Diesel Engine
<input type="radio"/> Bucket	<input type="radio"/> Gasoline Engine
<input type="radio"/> Centrifugal	<input type="radio"/> Hand
<input type="radio"/> Jet	<input type="radio"/> Natural Gas
<input type="radio"/> Piston	<input type="radio"/> Tractor PTO
<input type="radio"/> Turbine	<input type="radio"/> Windmill
<input type="radio"/> Rotary	Other (specify): <u>air compressor</u>
<input type="radio"/> Flowing Well	Horse Power Rating of Motor: _____
Other (specify): _____	Setting Depth: <u>200</u> feet
Date Pump Installed: <u>8-10-06</u>	Number of Stages: _____
Rated Pump Capacity: _____ Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-10-06</u>	<input checked="" type="radio"/> Air Line
Static Water Level (A): <u>123</u> Feet Below Land Surface	<input type="radio"/> Electric Measuring Line
Pumping Water Level (B): <u>135</u> Feet Below Land Surface	<input type="radio"/> Steel Tape
Drawdown [(B) - (A)]: <u>12</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>30</u> Gallons Per Minute	For flowing well, measured shut in head: _____ feet
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Well yielded <u>30</u> GPM with a drawdown of
	<u>12</u> feet after <u>4</u> hours of pumping

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

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

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