County: WINSTON
Permit #:
Driller: Thomas Drilling
Date drilling completed: 7-11-11

# 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
(601)961-5210
(601)961-5228 (fax)

**For Office Use Only:**
Aquifer: 042
Well #:
L. S. Elevation:
E-log #:

***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.***

**Information on Well Owner**
*(Landowner if borehole is not for a water well)*

Owner Name: Tim Hobby (shop)
Mailing Address: Liberty Rd.
Noxapater MS 39346
City State Zip Code
Telephone No. (662) 617-1841

**Well or Borehole Location**

Latitude: 32 ° 59.834 49 " Longitude: 89 ° 11.239 13 "
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
NW ¼ SW ¼ Sec 8 Twn 13 N Rng 11 E
Distance 6 Miles West of Noxapater
Nearest Town

**Well / Borehole Data**

Date drilling started: 7-11-11 Date drilling completed: 7-11-11 Hole depth: 230 Hole diameter: 8
Location of the source of any surface water used for drilling: Thomas Drilling
Method of dosing and volume of Chlorine used in drilling and development: 1 lbs in tender & wash

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:
Name of organization running log(s):

Purpose of borehole (check one): Water Well X 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 (check one): Home ___ Industrial___ Public Supply___ Irrigation___ Fish Culture ___ Other: Farming
If a flowing well, method of flow regulation: Valve ___ Other (describe)
Static Water Level: ___ feet above or below (circle one) land surface Date measured: 7-11-11
Method of Measurement (circle one) steel tape electric tape air line other:
Well depth: ___ Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 200 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: .010 inches Setting depth: From 200 feet to 230 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 next page***

Form: OLWR-SWR-1A (04/08)

042

***The sketch below only required for water wells***

***If well telescopes, show depths on sketch.***

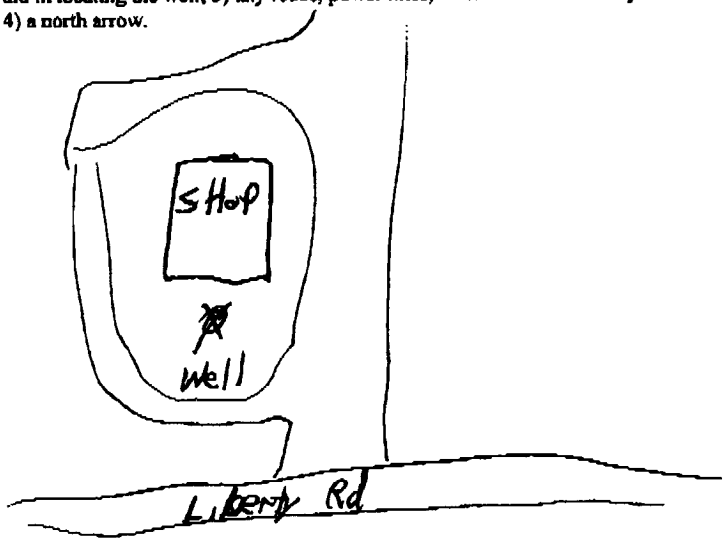
Ground Level

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

| Description of Formations Encountered | From (depth) | To (depth) |
|---|---|---|
| | Ground Level | |
| Dirt & Clay | 0 | 20 |
| Mixed Sand | 20 | 40 |
| Clay & Lignite | 40 | 42 |
| Yellow Clay | 42 | 65 |
| Gray Clay | 65 | 90 |
| Clay w/ Stks Sand | 90 | 180 |
| Gray Sand | 180 | 230 |

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) a north arrow.




Landowner Name: Tim Hobby

Form: OLWR-SWR-1A (04/08)

**I 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.**

David S. Thomas O-147

**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
(601)961-5210
(601)961-5228 (fax)

County: Winston
Permit #:
Driller: Thomas Drilling
Date completed: 7-26-11
*Copy information from block on Part 1*

**For Office Use Only:**
Aquifer:
Well #: 042
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**

Owner Name: Tim Hobbs (shop)
Mailing Address: Liberty Rd.
Noxapater MS 39346
City State Zip Code
Telephone No. (662) 617-1841

**Well Location**

Latitude: 32° 59.834 Longitude: 89° 11.239
Method of Lat/Long (check one): Conventional Survey___, USGS quad___, Hand-held GPS (✓), Survey-grade GPS___
___ ¼ ___ ¼ Sec 8 T 13N R 11E
Distance 6 Miles Direction West of Nearest Town Noxapater

**Pump Type**
Circle one

| | | |
|---|---|---|
| Air Lift | Jet | Submersible |
| Bucket | Piston | Turbine |
| Centrifugal | Rotary | Flowing Well |

Other (specify):
Date Pump Installed: 7-26-11
Rated Pump Capacity: 25 Gallons Per Minute

**Power Type**
Circle one

| | | |
|---|---|---|
| Diesel Engine | Gasoline Engine | Natural Gas |
| Electric Motor | Hand | Tractor PTO |
| Windmill | Other (specify): | |

Horse Power Rating of Motor: 2 Hp 3Ø Variable
Setting Depth: 160 feet
Number of Stages: 11

**Pump Test Data**

Date Well Tested: 7-26-11
Static Water Level (A): 110 Feet Below Land Surface
Pumping Water Level (B): 125 Feet Below Land Surface
Drawdown [(B)–(A)]: 15 Feet Below Land Surface
Test Pumping Rate: 30 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 1 hours

**Method of Measuring Water Level**
Circle one
Air Line Electric Measuring Line Steel Tape
Other (specify):
For flowing well, measured shut in head: ___ feet
Well yielded ___ GPM with a drawdown of ___ feet after ___ hours of pumping

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

David S. Thomas O-147
Print Name of Pump Installer and License No. (if applicable)
Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)