

County: ATTALA  
 Permit #: \_\_\_\_\_  
 Driller: Thomas Drilling  
 Date drilling completed: 4-24-06

### Well Driller Report and Well Log

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 #: G-30  
 L. S. Elevation: F 35  
 E-log #: \_\_\_\_\_

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>Doc Holt</u>	Latitude: <u>33° 06' 48" N</u> Longitude: <u>89° 38' 23" W</u>
Mailing Address: <u>Springdale Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Kosciusko</u> <u>MS</u> <u>39090</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 SE 1/4</u> Sec <u>25</u> Twn <u>15 N</u> Rng <u>2 E</u>
Telephone No. <u>662</u> <u>289-4250</u>	Distance <u>3</u> Miles Direction <u>NW</u> of Nearest Town <u>Kosciusko</u>

**Well Data**

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

Date well drilling started: 4-24-06 Date well drilling completed: 4-24-06

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

Static Water Level: 35 feet above or below (circle one) land surface Date measured: 4-24-06

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

Hole depth: 45 Well depth: 45 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 39 feet Casing diameter: 2 inches Type of casing: GALVANIZED

Screen length: 6 feet Screen diameter: 2 inches Type of screen: BRASS

Screen slot size: .08 inches Setting depth: From 39 feet to 45 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.

David S. Thomas 0-147  
 Print Name of Water Well Contractor and License No.

David S. Thomas  
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.



STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County: Attala  
 Permit #: \_\_\_\_\_  
 Driller: Thomas Drilling  
 Date completed: 4-24-06

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For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: G-30  
 Elevation: F 35

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information	Well Location
Owner Name: <u>Doc Holt</u>	Latitude: <u>33°06.781</u> Longitude: <u>89°38.235</u>
Mailing Address: <u>Springdale Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Kosciusko MS 39090</u> City State Zip Code	<u>1/4</u> <u>36</u> <u>15 N</u> <u>75 E</u> 1/4 Sec. Twp. R. <u>6 E</u>
Telephone No. <u>662 289-4250</u>	Distance Direction Nearest Town <u>3</u> Miles <u>NW</u> of <u>Kosciusko</u>

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

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-24-06</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>35</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

David S. Thomas 0-147  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer