

County: Holmes  
 Permi. #: \_\_\_\_\_  
 Driller: Thomas Drilling  
 Date drilling completed: 4-17-06

### 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 #: N-39  
 S. Elevation: \_\_\_\_\_  
 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>Jeff Parkinson</u>             | Latitude: <u>N 33.06.918</u> " Longitude: <u>W 89°52.110</u> "                |
| Mailing Address: <u>456 Huckleberry Rd</u>    | Method of Lat/Long (circle one): <u>SS</u> Conventional Survey, <u>07</u>     |
| <u>DURANT MS 39009</u><br>City State Zip Code | USGS quad, <u>LA07mp</u> Hand-held GPS, Survey-grade GPS                      |
| Telephone No. <u>(662) 653-3671</u>           | NE 1/4 SE 1/4 Sec <u>27</u> ✓ Twn <u>15N</u> Rng <u>4E</u>                    |
|   | Distance Direction Nearest Town<br><u>1.5</u> Miles <u>N</u> of <u>DURANT</u> |

**Well Data**

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

Date well drilling started: 4-17-06 Date well drilling completed: 4-17-06

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 4-17-06

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

Hole depth: 150 Well depth: 150 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 130 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 130 feet to 150 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
 Other (describe): \_\_\_\_\_

Top of tap 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. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.



County: Holmes  
 Permit #: \_\_\_\_\_  
 Driller: Thomas Drilling  
 Date completed: 4-19-06

### 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 #: N-39  
 Elevation: \_\_\_\_\_

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>Jeff Parkinson</u>          | Latitude: _____ Longitude: _____                               |
| Mailing Address: <u>456 Huckleberry Rd</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u>    |
| <u>DURANT MS 39063</u>                     | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS             |
| City State Zip Code                        | _____ 1/4 _____ 1/4 Sec <u>27</u> Twn <u>15N</u> Rng <u>4E</u> |
| Telephone No. <u>662) 653-3671</u>         | Distance Direction Nearest Town                                |
|  | <u>1.5</u> Miles <u>N</u> of <u>DURANT</u>                     |

| Pump Type<br>Circle one  | Power Type<br>Circle one  |
|--|---|
| Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas                               |
| Bucket Piston Turbine  | <input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well                                  | Windmill Other (specify): _____   |
| Other (specify): _____   | Horse Power Rating of Motor: <u>1</u>                                   |
| Date Pump Installed: <u>4-19-06</u>                              | Setting Depth: <u>80</u> feet   |
| Rated Pump Capacity: <u>19</u> Gallons Per Minute                | Number of Stages: <u>7</u>  |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one                                     |
|--|---|
| Date Well Tested: <u>4-19-06</u>                           | Air Line Electric Measuring Line Steel Tape                                       |
| Static Water Level (A): <u>60</u> Feet Below Land Surface  | Other (specify): _____  |
| Pumping Water Level (B): <u>85</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet                               |
| Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface     | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>24</u> Gallons Per Minute            |   |
| 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.

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