

County: Leake

Permit #: _____

Driller: Thomas DrillingDate drilling completed: 3-9-07**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 #: C-59

L. 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>Craig Kemp #2</u>	Latitude: <u>32° 51.529'</u> Longitude: <u>89° 30.707'</u>
Mailing Address: <u>691 Scott Crossing Rd</u>	Method of Lat/Long (circle one): <u>32</u> Conventional Survey, <u>42</u>
<u>Carthage</u> <u>MS</u> <u>39051</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SW 1/4 SE 1/4 Sec 30</u> Twn <u>12 N</u> Rng <u>8 E</u>
Telephone No. () _____	Distance <u>1 1/2</u> Miles Direction <u>SE</u> of Nearest Town <u>Singaton</u>
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other <u>Routary</u>	
Date well drilling started: <u>3-9-07</u> Date well drilling completed: <u>3-9-07</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>9</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>3-9-07</u>	
Method of Measurement (circle one) steel tape electric tape <u>air line</u> other: <u>Sight</u>	
Hole depth: <u>63'</u> Well depth: <u>63'</u> Well grouted to a depth of <u>10+</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>48</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>15</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.010</u> inches Setting depth: From <u>48</u> feet to <u>63</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> 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): <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.	
Print Name of Water Well Contractor and License No. <u>David S. Thomas 0-147</u>	Signature of Water Well Contractor <u>[Signature]</u>

If well telescopes please sketch below and show depths.

Signature of Water Well Contractor

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County: Leake

Permit #:

Driller: Thomas DrillingDate completed: 3-10-07

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For Office Use Only:

Aquifer:

Well #: C-59

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

Owner Name: Craig Kemp #2Mailing Address: 691 Scott Crossing Rd

Carthage MS 39051
City State Zip Code

Telephone No. ()

Well Location

Latitude: 35°51'57" Longitude: 89°30'75"

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

1/4 1/4 Sec 30 Twn 12N Rng 8E

Distance

Direction

Nearest Town

1 1/2 Miles SE of Singleton

Pump Type
Circle one

Air Lift

Jet

Submersible

Bucket

Piston

Turbine

Centrifugal

Rotary

Flowing Well

Other (specify):

Date Pump Installed: 3-10-07Rated Pump Capacity: 27 Gallons Per MinutePower Type
Circle one

Diesel Engine

Gasoline Engine

Natural Gas

Electric Motor

Hand

Tractor PTO

Windmill

Other (specify):

Horse Power Rating of Motor: 1 1/2Setting Depth: 40 feetNumber of Stages: 10

Pump Test Data

Date Well Tested: 3-10-07Static Water Level (A): 9 Feet Below Land SurfacePumping Water Level (B): 12 Feet Below Land SurfaceDrawdown [(B) - (A)]: 3 Feet Below Land SurfaceTest Pumping Rate: 30 Gallons Per MinuteDuration of Pump Test (minimum 4 hours): 1/2 hoursMethod 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

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

David S Thomas 0-149
Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer