

County: Leake  
 Permit #: \_\_\_\_\_  
 Driller: Thomas Drilling  
 Date drilling completed: 7-25-07

**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 #: F-67  
 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>Bill Joe Stuart #4</u>	Latitude: <u>32° 48.139</u> Longitude: <u>89° 38.604</u>
Mailing Address: <u>855 Willis Road</u>	Method of Lat/Long (circle one): <u>08</u> Conventional Survey, <u>36</u>
<u>Catledge, MS 39051</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 15 Twn 11N Rng 7E</u>
Telephone No. <u>(601) 207-3550</u>	Distance Direction Nearest Town <u>2</u> Miles <u>N</u> of <u>Catledge</u>

**Well Data**

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

Date well drilling started: 7-25-07 Date well drilling completed: 7-25-07

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

Static Water Level: 34 feet above or below (circle one) land surface Date measured: 7-25-07

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

Hole depth: 140 Well depth: 140 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: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 130 feet to 140 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 0-149  
 Print Name of Water Well Contractor and License No.

[Signature]  
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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SAND GRAY w/Spec BY OLWR



### STATE WELL REPORT

#### Part 2

### Pump Installer's Completion Report

County: Leake  
 Permit #: \_\_\_\_\_  
 Driller: Thomas Drilling  
 Date completed: 7-28-07

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)334-6938 (fax)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: F-67  
 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>Billy Joe Stuart #4</u> Mailing Address: <u>855 Willis Road</u> <u>CARTHAGE, MS 39051</u> City State Zip Code Telephone No. <u>(601) 267-3680</u>	Latitude: <u>32° 48.139</u> Longitude: <u>89° 33.604</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>1/4</u> <u>15</u> <u>11N</u> <u>7E</u> Distance Direction Nearest Town <u>2</u> Miles <u>N</u> of <u>CARTHAGE</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift Jet <u>Submersible</u> Bucket Piston Turbine <u>Electric Motor</u> Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>7-28-07</u> Rated Pump Capacity: <u>27</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>15</u> Setting Depth: <u>80</u> feet Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level
	Circle one
Date Well Tested: <u>7-28-07</u> Static Water Level (A): <u>34</u> Feet Below Land Surface Pumping Water Level (B): <u>46</u> Feet Below Land Surface Drawdown [(R) - (A)]: <u>12</u> Feet Below Land Surface Test Pumping Rate: <u>38</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>1</u> hours	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 0-147 Signature of Pump Installer  
 Print Name of Pump Installer and License No. (if applicable)

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BY: OLWR