I		79
ounty: <u>Leake</u> Well Driller	Report and Well Log	For Office Use Only:
	ment of Environmental Quality	Aquifer: Well #: $G - 53$
oriller: Tham As Ur, III of Confice of Lan	nd and Water Resources	Well #: <u>G)a</u>
P.	O. Box 10631 n, MS 39289-0631	L. S. Elevation:
(6	501)961-5210	E-log #:
· ·)354-6938 (fax)	
State Law requires that this report be prepared by 30 days of completion of drilling of the well.	the driller in detail and filed wit	h the Department within
Well Owner Information	1/32°45 99 We	ll Location 1089 30.242
wher Name JASON WAde U		_" Longitude: <u>89° 30' 14</u> "
lailing Address: 393 Stewart Rd	_ Method of Lat/Long (circle o	one): Conventional Survey.
	USGS avad Hand-hel	deps Survey grade GDS
Carthage M5 3905 City State Zip Code	Allaly Allaly o 77	T II No OF
City State Zip Code	$\frac{1}{1000} \frac{1000}{4} \frac{1000}{1000} \frac{1}{4} \sec 32$	$-$ Iwn $// N$ Rng χE
elephone No. (601)	Distance Direction <u>A</u> Miles	of <u>Carthage</u>
V	Vell Data	
urpose of Well (circle one) Home Industrial Public Su	pply Irrigation Fish Cultur	e Other: Poul +MY
ate well drilling started: 8-16-04	Date well drilling completed:	8-16-04
flowing, method of flow regulation: Valve C		
atic Water Level: <u>\$2</u> feet above or below (circle	e one) land surface Date measur	red: 8-16-04
ole depth: 145 Well depth: 145	Well grouted to a depth	of 10 BECEIV
ype of grout (circle one): Eement Bentonite	Mix	SEP 1 4 20
asing length: $\frac{125}{1}$ feet Casing diameter: $\frac{4}{1}$	inches Type of casin	BY PUC BY OIL
creen length: <u>10</u> feet Screen diameter: <u>4</u>	/inches Type of screen	SEP 14 20 <u>BY: OLW</u> <u>BY: OLW</u> 145
creen slot size: <u>, 0/0</u> inches Setting depth: F	From <u>135</u> feet to 1	145 feet
ype of completion (circle all applicable): Gravel packed	Underreamed Telescoped C	Open hole Natural Development
Other (describe):		
op of lap pipe or reduction in casing:fee	t. If telescoped or more than one	e screen, describe on back of page
ogs run (circle all applicable): No log run Electric Gamn	na Ray Density Sonic Neutro	on Other:
ame of organization running log(s):		
certify that the well was drilled, constructed, and completed in accordan avironmental Quality and/or the Mississippi Department of Health regu		ae wississippi Department of

aus

sind

Signature of Water Well Contractor

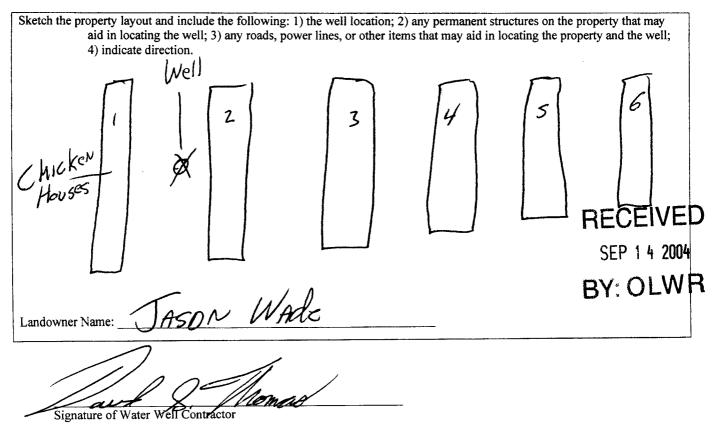
DAVID S. THOMAS 0-147

Print Name of Water Well Contractor and License No.

If well telescopes please sketch below and show depths.

round Level	G-52	Description of Formations Encountered	From To
		Mixed Clay	0 37
		Mixed Clay W/ Fine SAM	1 31 70
		FINE SAND	70 81
		Clay	87 73
		Med. White SANd	92. 14
	i		

If more than one screen, show location of each on sketch



Part 2For Office Use Only:Permit #:Pump Installer's Completion ReportPrimer #: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: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 #: \bigcirc - \int_{\Box} Well Owner Information Owner Name: \bigcirc Acopy of Part 1 of this report must be attached to this report.Well Location $Mailing Address:$ \bigcirc MARC StateMailing Address: $\boxed{39.3}$ Ste MART Rd CityMethod of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held PS, Survey-grade GF DistanceNew YA \boxed{MW} Ya \boxed{MW} Ya \boxed{MW} Ya \boxed{MW} YaPump Type Circle one $\boxed{Pump Type}$ Circle one $\boxed{Power Type}$ Circle one
Permit #:
Driller: Ite ompleted: Driller:
Drifter:
(601)961-5210 (601)961-5210 (601)354-6938 (fax) 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: JASON WARC I Mailing Address: 393 Stewart Rd Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held OPS, Survey-grade GF Carthage M5 3905/ NW ½ NW ½ Sec_32 Twn// N Rng 8E Distance Direction Nearest Town Z Miles NE of Carthage NE of Carthage Telephone No. (61) Pump Type Power Type Power Type
(601)961-5210 (601)354-6938 (fax) 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: JASON JAAC Image: Image
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 Owner Information N32° 45.995″ Well Location 80° 30.24% Owner Name: JASON WARC N32° 45.995″ Woll S0° 30.24% Mailing Address: 393 Stewart Rd Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GF NW ¼ NW ¼ Sec_32 Twn// N Rng 8E Owner No. State Zip Code Distance Direction Nearest Town Pump Type Power Type Power Type
installation of pump. A copy of Part 1 of this report must be attached to this report. Well Owner Information Owner Name: JASON WARE Well Location % Well Location Mailing Address: 393 Stewart Rd Mailing Address: 393 Stewart Rd Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held OPS, Survey-grade GF MW ¼ NW ¼ Sec 32 Twn// N Rng 8E Distance Direction Nearest Town Z Miles NE of Conventional Survey, USGS quad, Hand-held OPS, Survey-grade GF NW ¼ NW ¼ Sec 32 Twn// N Rng 8E Distance Direction Nearest Town Z Miles NE of Conventional Survey, USGS quad, Hand-held OPS, Survey-grade GF Direction Telephone No. (G1) State Zip Code Pump Type Power Type
Well Owner Information Well Location % 0 87 30.24 Owner Name: JASON WAde Image: State Image: State<
Mailing Address: 393 Stewart Rd Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GF USGS quad, Hand-held GPS, Survey-grade GF Carthage MS 3905/ City State Zip Code Telephone No. (G1) VK 1/4 Sec_32 Twn// N Rng 8E Distance Direction Nearest Town Z Miles NE of Charthage V Value Value Distance Direction Nearest Town Z Miles NE of Charthage Of Of
USGS quad, Hand-held GPS, Survey-grade GF Carthage MS City State Zip Code Telephone No. (G/) Pump Type Pump Type USGS quad, Hand-held GPS, Survey-grade GF NW ¼ NW ¼ NW ¼ Sec_32 Twn// N Rng 8 E Distance Direction NE of CartHage Power Type
Carthage MS 3905/ NW ¼ NW ¼ Sec.32 Twn// N Rng 8E City State Zip Code Distance Direction Nearest Town Telephone No. (61) Miles NE of CartHage Pump Type Power Type
Distance Direction Nearest Town Telephone No. (61) Pump Type Power Type
Distance Direction Nearest Town Telephone No. (61) Pump Type Power Type
Pump Type Power Type
Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural G
Bucket Piston Turbine Electric Motor Hand Tractor PT
Centrifugal Rotary Flowing Well Windmill Other (specify):
Other (specify): Horse Power Rating of Motor:
Date Pump Installed: 8-21-04 Setting Depth: 20 feet
Rated Pump Capacity:Gallons Per Minute Number of Stages:RECEIV
SEP 1 4 2
Method of Measuring water Level
Date Well Tested: 8-21-04 Circle one BY, OLV
Static Water Level (A): <u>52</u> Feet Below Land Surface Electric Measuring Line Steel Tape
Pumping Water Level (B):Feet Below Land Surface Other (specify):
Drawdown $[(B) - (A)]$:Feet Below Land Surface For flowing well, measured shut in head:feet Below Land Surface For flowing well, measured shut in head:feet Below Land Surface For flowing well, measured shut in head:feet Below Land Surface For flowing well, measured shut in head:feet Below Land Surface For flowing well, measured shut in head:feet Below Land Surface For flowing well, measured shut in head:feet Below Land Surface For flowing well, measured shut in head:feet Below Land Surface For flowing well, measured shut in head:feet Below Land Surface For flowing well, measured shut in head:feet Below Land Surface For flowing well, measured shut in head:feet Below Land Surface For flowing well, measured shut in head:feet Below Land Surface For flowing well, measured shut in head:feet Below Land Surface For flowing well, measured shut in head:feet Below Land Surface For flowing well, measured shut in head:feet Below Land Surface For flowing well, measured shut in head:feet Below Land Surface For flowing well, measured shut in head:feet Below Land Surface For flowing well, measured shut in head:feet Below Land Surface For flowing well, measured shut in head Surface For flow For flo
Test Pumping Rate: <u>26</u> Gallons Per Minute Well yielded GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):4 hoursfeet afterhours of pumpi
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer