

County: LEAKE  
 Permit #: \_\_\_\_\_  
 Driller: THOMAS Drilling  
 Date drilling completed: 10-12-04

### 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-57 179  
 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>RAYMOND W. BANKS (#2)</u>	Latitude: <u>32° 49.581'</u> Longitude: <u>89° 26.832'</u>
Mailing Address: <u>M &amp; J FARMS</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>4585 Midway Rd.</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>CARTHAGE MS 39051</u>	<u>NE 1/4 NW 1/4 Sec 11 Twn 11N Rng 8E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 267-8856</u>	<u>5</u> Miles <u>NE</u> of <u>CARTHAGE</u>

**Well Data**

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

Date well drilling started: 10-12-04 Date well drilling completed: 10-12-04

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

Static Water Level: 39 feet above or below (circle one) land surface Date measured: 10-12-04

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

Hole depth: 165' Well depth: 165' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 155' 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 155 feet to 165 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.

[Signature]  
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

RECEIVED  
 NOV 15 2004  
 BY: OLWA



**STATE WELL REPORT**

**Part 2**

**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 #: G-57  
Elevation: \_\_\_\_\_

County: Leake  
Permit #: \_\_\_\_\_  
Driller: Thomas Drilling  
Date completed: 10-12-04

**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>Raymond Wilbanks (#2)</u>	Latitude: <u>N 32° 49.587'</u> Longitude: <u>W 89° 26.832'</u>
Mailing Address: <u>M&amp;J Farms</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>4585 Midway Rd</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Carthage MS 39051</u>	_____ 1/4 _____ 1/4 Sec <u>11</u> Twn <u>11 N</u> Rng <u>8 E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 267-8856</u>	<u>5</u> Miles <u>NE</u> of <u>Carthage</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine <u>Electric Motor</u>	Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>10-12-04</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>27</u> Gallons Per Minute	Number of Stages: <u>10</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-12-04</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>39</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>44</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>35</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>1/2</u> hours	

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

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

RECEIVED  
NOV 18 2004  
BY: OLWR