

County: Leake  
 Permit #: \_\_\_\_\_  
 Driller: Thomas Drilling  
 Date drilling completed: 2-20-06

### 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 #: G-65  
 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>Lilly Jackson</u>	Latitude: <sup>N</sup> <u>32°46.107</u> " Longitude: <sup>W</sup> <u>89°29.290</u> "
Mailing Address: <u>Goshen Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, <sup>06</sup> <u>17</u>
<u>CARTHAGE MS 39051</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 SW 1/4 Sec 28</u> Twn <u>11N</u> Rng <u>8E</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>1.5</u> Miles <u>NE</u> of <u>CARTHAGE</u>

**Well Data**

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

Date well drilling started: 2-20-06 Date well drilling completed: 2-20-06

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

Static Water Level: 70 feet above or below (circle one) land surface Date measured: 2-20-06

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

Hole depth: 100 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 90 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 90 feet to 100 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 David S. Thomas  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

MAR 09 2006

BY: OLWR

G-65

Ground Level

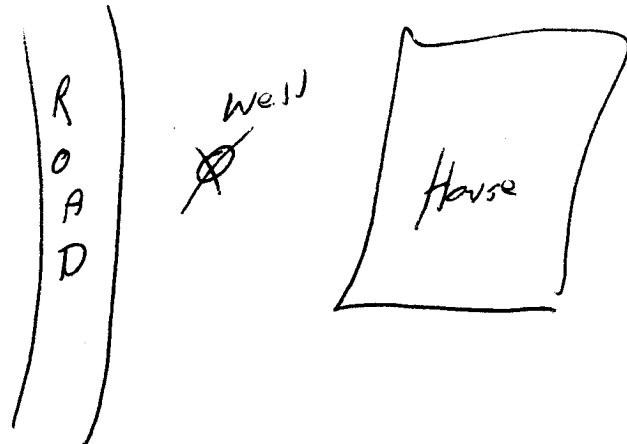
Description of Formations Encountered

From To

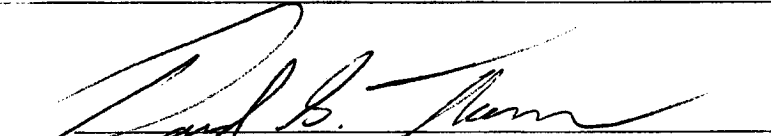
Description of Formations Encountered	From	To
Clay	0	16
SANDY CLAY	16	31
WHITE SAND	31	100

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: Lilly Jackson

  
Signature of Water Well Contractor

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**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-65  
Elevation: \_\_\_\_\_

County: Leake  
Permit #: \_\_\_\_\_  
Driller: Thomas Drilling  
Date completed: 2-21-06

**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>Lilly Jackson</u>	Latitude: <u>32° 46.107</u> Longitude: <u>89° 29.270</u>
Mailing Address: <u>Goshen Rd.</u>	Method of Lat/Long (circle one): <u>LAP TOP</u> Conventional Survey, <u>06</u> USGS quad, Hand-held GPS, Survey-grade GPS
<u>Cathway, MS 39051</u>	<u>17</u> _____ 1/4 _____ 1/4 Sec <u>28</u> Twn <u>11N</u> Rng <u>8E</u>
City _____ State _____ Zip Code _____	Distance _____ Direction _____ Nearest Town _____
Telephone No. (____) _____	_____ Miles _____ of _____

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>1/2</u>
Date Pump Installed: <u>2-21-06</u>	Setting Depth: <u>90</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2-21-06</u>	Air Line      Electric Measuring Line      Steel Tape
Static Water Level (A): <u>70</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>79</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>9</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: <u>14</u> Gallons Per Minute	_____ feet after _____ hours of pumping
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 0-149      [Signature]  
Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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BY: OLWR