

### STATE WELL REPORT

**LEAKE**  
 County: \_\_\_\_\_  
 Permit #: \_\_\_\_\_  
 Driller: **THOMAS**  
 Date drilling completed: **11-3-17**

**Part 1**  
**Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225-2309  
 (601)961-5555  
 (601)961-5228 (fax)

**For Office Use Only:**  
 Well #: **G67**  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

<b>Well Owner Information</b> <i>(Landowner if borehole is not for a water well)</i> Owner Name: <b>TONY SAVELL</b> Mailing Address: <b>3120 REFORMATION RD</b> <b>CARTHAGE MS 39051</b> City State Zip Code Telephone No. <b>(601) 267-9566</b>			<b>Well or Borehole Location</b> Latitude: <b>32°47'37.42"N</b> Longitude: <b>89°28'28.32"W</b> Method of Lat/Long (check one): Conventional Survey _____ U.S.G.S quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ <b>NE ¼ NE ¼, Sec 21 T 11N R 8E</b> <b>5</b> Miles <b>NE</b> of <b>CARTHAGE</b> (Distance) (Direction) (Nearest Town)		
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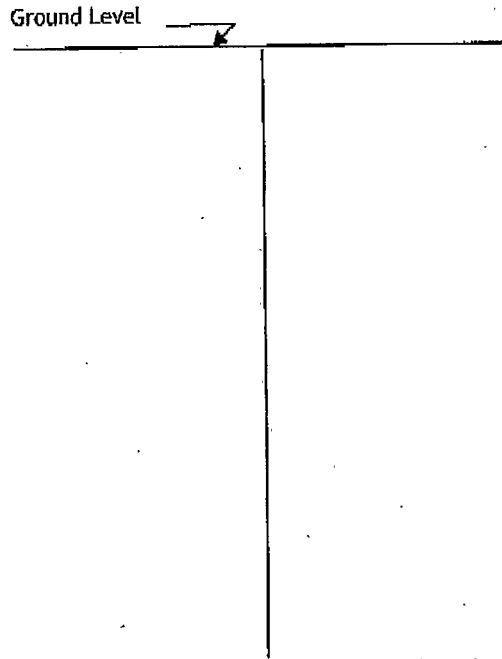
**Well / Borehole Data**  
 Date drilling started: **11/3/17** Date drilling completed: **11/2/17** Hole depth: **260** Hole diameter: **4"**  
 Location of the source of any surface water used for drilling: \_\_\_\_\_  
 Method of dosing and volume of Chlorine used in drilling and development: **1lbs IN TENDER AND WASH**  
 Logs run (check all applicable):  log run  Electric  Gamma Ray  Density  Sonic  Neutron Other: \_\_\_\_\_  
 Name of organization running log(s): \_\_\_\_\_  
 Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation  Ground Source Heat Pump  
 Seismic Survey Other (describe) \_\_\_\_\_  
*If drilling is not related to water well construction, skip the remainder of this block*  
 Purpose of Well (check all applicable):  Home  Industrial  Public Supply  Irrigation  Fish Culture  
 Other (describe): **POULTRY/CATTLE**  
 If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: **75** feet  above or  below land surface Date measured: **11/3/17**  
 (check one)  
 Method of measurement (check one)  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_  
 Well depth: **260** Well grouted to a depth of: **50** feet Type of grout (check one)  Neat Cement  Bentonite  Mix  
 Casing length: **230** feet Casing diameter: **4** inches Type of casing: **PVC**  
 Screen length: **30** feet Screen diameter: **4** inches Type of screen: **PVC**  
 Screen slot size: **.010** inches Setting depth: From **230** feet to **260** feet  
 Type of completion (check all applicable)  gravel packed  Underreamed  Open hole  Natural Development  
 Other (describe): \_\_\_\_\_  
 Top of lap pipe or reduction in casing: \_\_\_\_\_ feet  
*If telescoped or more than one screen, describe on next page*

County: LEAKE  
 Permit #: \_\_\_\_\_

**For Office Use Only:**  
 Well #: 667

The sketch below only required for water wells

If well telescopes, show depths on sketch.

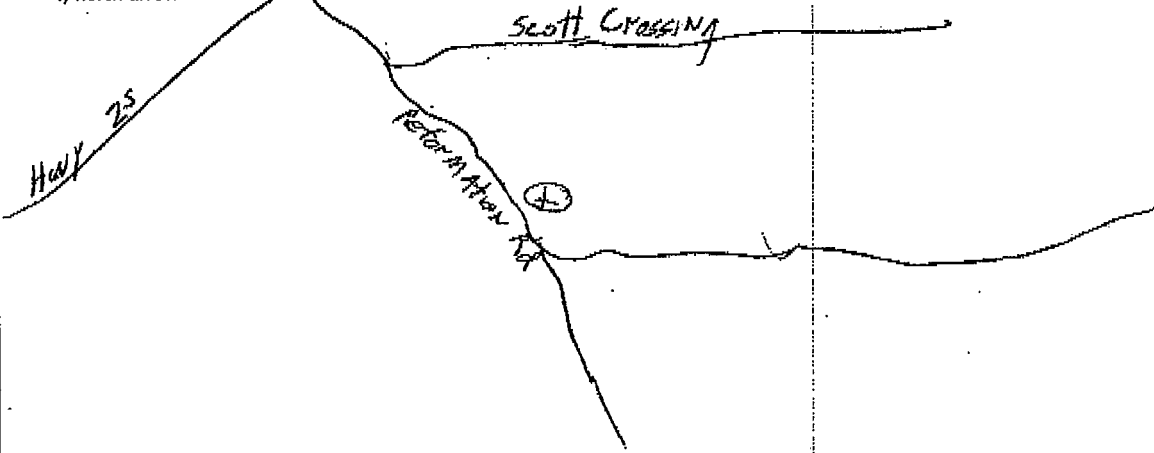


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) To (depth)	
	Ground level	
CLAY	0	14
YELLOW SAND	14	40
GRAY CLAY	40	117
ROCK	117	119
CLAY W/STRKS ROCK	119	142
ROCK	142	143
GRAY/GREEN SAND	143	156
GRAY W/ BLK SPECKS	156	178
MIXED GRAY / GREEN SAND	178	180
ROCK W/ SAND	180	184
GRAY SAND	184	260

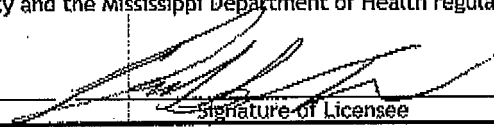
If more than one screen, show location of each on sketch

- 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) north arrow



Landowner Name: TONY SAVELL

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

DAVID S THOMAS 0-147      11/3/17  
 Print Name of Responsible Licensee and License No.      Date       Signature of Licensee

### STATE WELL REPORT

#### Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

County: LEAKE  
 Permit #: \_\_\_\_\_  
 Driller: THOMAS DRILLING  
 Date completed: 11/10/17  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Well #: G67  
 Aquifer: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information			Well Location	
Owner Name: <u>TONY SAVELL</u>			Latitude: <u>32°47'37.42"N</u>	Longitude: <u>89°28'28.32"W</u>
Mailing Address: <u>3120 REFORMATION RD</u>			Method of Lat/Long (check one): Conventional Survey _____	
<u>CARTHAGE</u>	<u>MS</u>	<u>39051</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____	
City	State	Zip Code	<u>NE 1/4 NE 1/4, Sec 21 T11N R8E</u>	
Telephone No. ( <u>601</u> ) <u>267-9566</u>			<u>5</u> Miles <u>NE</u> of <u>CARTHAGE</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (check one)**  
 Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_  
 Date Pump Installed: 11/10/17 Rated Pump Capacity: 35 Gallons Per Minute  
 Is This Pump (check one):  New  Repaired  Replacement

**Power Type (check one)**  
 Electric  Diesel  Gasoline  Natural Gas  Tractor PTO  Windmill  Other (describe): \_\_\_\_\_  
 Horse Power Rating of Motor: 3HP 3PH Setting Depth: 120 feet Number of Stages: 5

**Pump Test Data for Non Flowing Well**  
 Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours  
 Static Water Level (A): 75 Feet Below Land Surface Pumping Water Level (B): 90 Feet Below Land Surface  
 Drawdown [(B) - (A)]: 15 Feet Below Land Surface Test Pumping Rate: 45 Gallons Per Minute  
 Method of measurement (check one): Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**  
 Measured shut in head: \_\_\_\_\_ feet.  
 Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**  
 Meter Manufacturer: \_\_\_\_\_ Meter Serial Number: \_\_\_\_\_  
 Meter Model Number/Name: \_\_\_\_\_ Type of Meter: \_\_\_\_\_  
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_  
 Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_  
 Is This Meter (check one):  New  Repaired  Replacement  
*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
DAVID S THOMAS 0-147 11/10/17  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer