

County: Leake  
 Permit #: \_\_\_\_\_  
 Driller: Thomas Drilling  
 Date drilling completed: 7-24-15

**State Well Report**  
**Part 1 - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (801)961- 5210  
 (801)961- 5228 (fax)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: H 66  
 L. S. Elevation: \_\_\_\_\_  
 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>Information on Well Owner</b> (Landowner if borehole is not for a water well)		<b>Well or Borehole Location</b>	
Owner Name: <u>Michael Green #1</u>		Latitude: <u>32° 46' 0"</u>	Longitude: <u>89° 21' 17"</u>
Mailing Address: <u>991 Thornton Rd</u>		Method of Lat/Long (circle one): Conventional Survey, <u>Hand held GPS</u> , Survey-grade GPS	
<u>Carthage MS 39051</u>		USGS quad, <u>Hand held GPS</u> , Survey-grade GPS	
City State Zip Code		<u>N 1/4 NE 1/4 Sec 34 Twn 11 N Rng 9 E</u>	
Telephone No. <u>(601) 562-4926</u>		Distance <u>1</u> Miles	Direction <u>N</u> of Nearest Town <u>Edgewater</u>

**Well / Borehole Data**

Date drilling started: 7-24-15 Date drilling completed: 7-24-15 Hole depth: 300' Hole diameter: 4"

Location of the source of any surface water used for drilling: Thomas Drilling

Method of dosing and volume of Chlorine used in drilling and development: Polysorbate & Wash

Logs run (circle all applicable): No 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 one): Home \_\_\_\_\_ Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation \_\_\_\_\_ Fish Culture \_\_\_\_\_ Other: Poultry

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

Static Water Level: 85 feet above or below (circle one) land surface Date measured: 7-24-15

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

Well depth: 300 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement  Bentonite Mix

Casing length: 260 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 260 feet to 300 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): \_\_\_\_\_

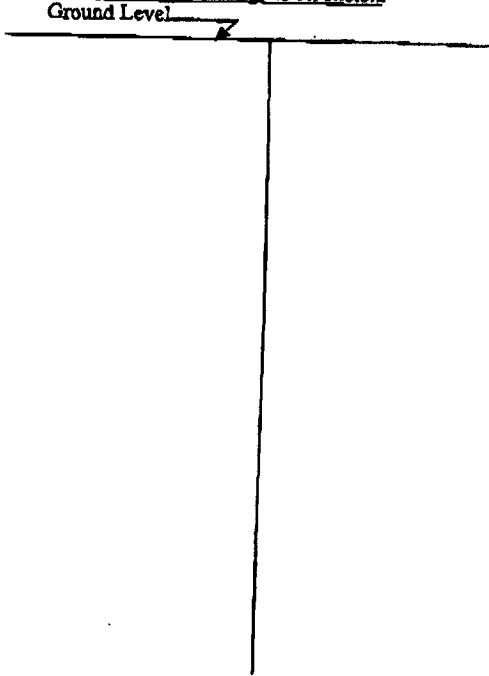
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A (04/08)

H 66

The sketch below only required for water wells

If well telescopes, show depths on sketch.

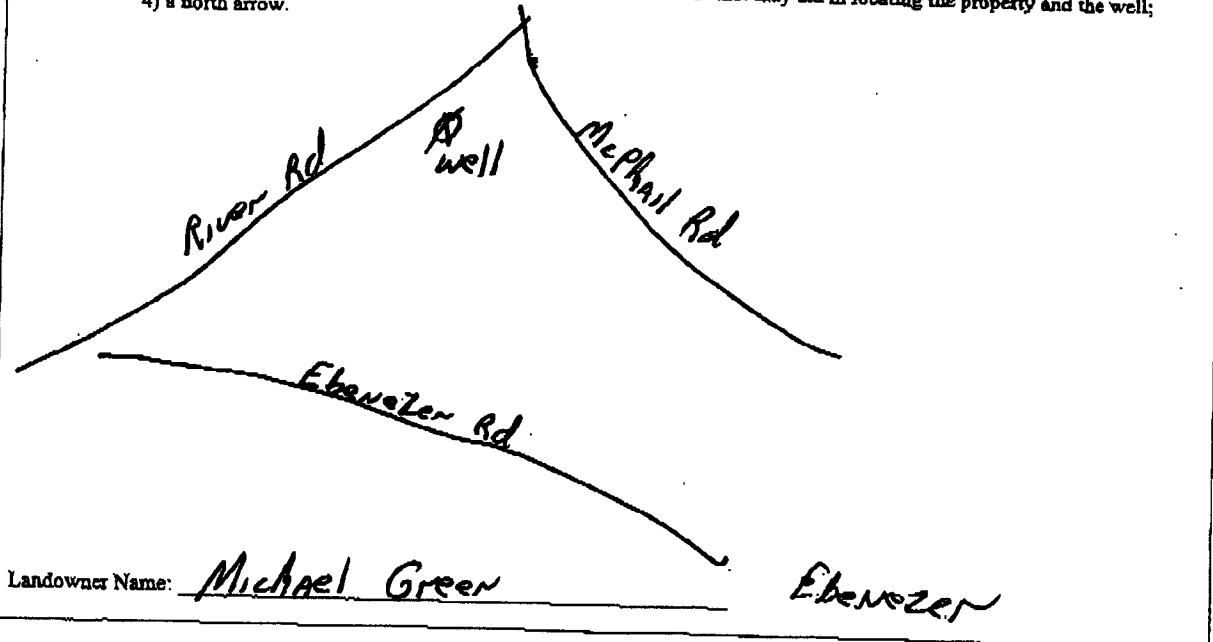


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Mixed Clay	0	24
Rock	24	25
Clay	25	30
Rock	30	31
Clay w/Rock	31	65
Green Sand	65	73
Gray Sand	73	114
Rock & Clay	114	120
Gray Clay	120	143
Hard Rock	143	147
stiff clay	147	190
stone	190	225
Rock & Clay	225	230
fine sand	230	255
GRAY SAND	255	300

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) a north arrow.



Landowner Name: Michael Green

Form: OLWR-SWR-1A (04/08)

I 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.

Print Name of Responsible Licensee and License No. David S. Thomas 0-147

Date 7-24-15

Signature of Licensee [Handwritten Signature]

County: Leake  
 Permit #: \_\_\_\_\_  
 Driller: Thomas Drilling  
 Date completed: 7-24-15  
*Copy information from block on Part 1*

# 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  
 (601)961-5210  
 (601)961-5228 (fax)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: H 66  
 Elevation: \_\_\_\_\_

*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>Michael Green</u>	Latitude: <u>32°46.001'</u> Longitude: <u>89°21.2965'</u>
Mailing Address: <u>871 Tharnton Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Carthage MS 39051</u> City State Zip Code	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Telephone No. <u>(601) 562-4926</u>	<u>N6</u> 1/4 <u>NE</u> 1/4 Sec <u>34</u> T <u>11 N</u> R <u>9 E</u>
	Distance _____ Direction _____ Nearest Town _____
	<u>1</u> Miles <u>N</u> of <u>Ebenezer</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/>	Diesel Engine <input type="checkbox"/>
Bucket <input type="checkbox"/>	Gasoline Engine <input type="checkbox"/>
Centrifugal <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
Other (specify): _____	Hand <input type="checkbox"/>
Date Pump Installed: <u>7-24-15</u>	Tractor PTO <input type="checkbox"/>
Rated Pump Capacity: <u>55</u> Gallons Per Minute	Windmill <input type="checkbox"/>
	Other (specify): _____
	Horse Power Rating of Motor: <u>5HP 3Ø</u>
	Setting Depth: <u>160</u> feet
	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7-24-15</u>	<input checked="" type="checkbox"/> Air Line
Static Water Level (A): <u>85</u> Feet Below Land Surface	Electric Measuring Line <input type="checkbox"/>
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	Steel Tape <input type="checkbox"/>
Drawdown [(B) - (A)]: <u>35</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>65</u> Gallons Per Minute	For flowing well, measured shut in head: _____ feet
Duration of Pump Test (minimum 4 hours): <u>1</u> hours	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

This is for (circle one):  New Well  Replacement of Existing Pump  Repair of Existing Pump

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

David S. Thomas 0-141  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)