

### 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 39225-2309  
(601)961-5555  
(601)961-5228 (fax)

County: LEAKE  
Permit #: \_\_\_\_\_  
Driller: THOMAS DRILLING  
Date drilling completed: 06/18/18

**For Office Use Only:**  
Well #: H68  
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> (Landowner if borehole is not for a water well) Owner Name: <u>CHRIS MALONE</u> Mailing Address: <u>2638 HWY 16 EAST</u> <u>CARTHAGE MS 39051</u> City State Zip Code Telephone No. ( <u>601</u> ) <u>267-9368</u>			<b>Well or Borehole Location</b> Latitude: <u>32°46'53.35"</u> Longitude: <u>89°25'4.14"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>NW</u> ¼ <u>NW</u> ¼, Sec <u>30</u> T <u>11N</u> R <u>9E</u> <u>7</u> Miles <u>EAST</u> of <u>CARTHAGE</u> (Distance) (Direction) (Nearest Town)		
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<b>Well / Borehole Data</b> Date drilling started: <u>06/18/18</u> Date drilling completed: <u>06/18/18</u> Hole depth: <u>110</u> Hole diameter: <u>4"</u> Location of the source of any surface water used for drilling: <u>N/A</u> Method of dosing and volume of Chlorine used in drilling and development: <u>1lbs IN TENDER AND WASH</u> Logs run (check all applicable): <input type="checkbox"/> log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check all applicable): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture Other (describe): <u>SHOP/BARN</u> If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>50</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>06/18/18</u> (check one) Method of measurement (check one) <input type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input checked="" type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____ Well depth: <u>110</u> Well grouted to a depth of: <u>10+</u> feet Type of grout (check one) <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix Casing length: <u>100</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>PVC</u> Screen length: <u>10</u> feet Screen diameter: <u>4"</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>.010"</u> inches Setting depth: From <u>100</u> feet to <u>110</u> feet Type of completion (check all applicable) <input type="checkbox"/> gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development Other (describe): _____ Top of lap pipe or reduction in casing: _____ feet <i>If telescoped or more than one screen, describe on next page</i>	

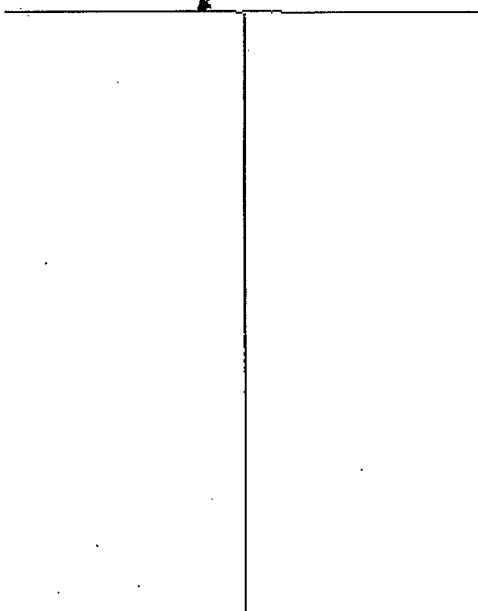
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JUN 29 2018  
BY OLWR

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

**For Office Use Only:**  
 Well # 4108

*The sketch below only required for water wells  
 If well telescopes, show depths on sketch.*

Ground Level 



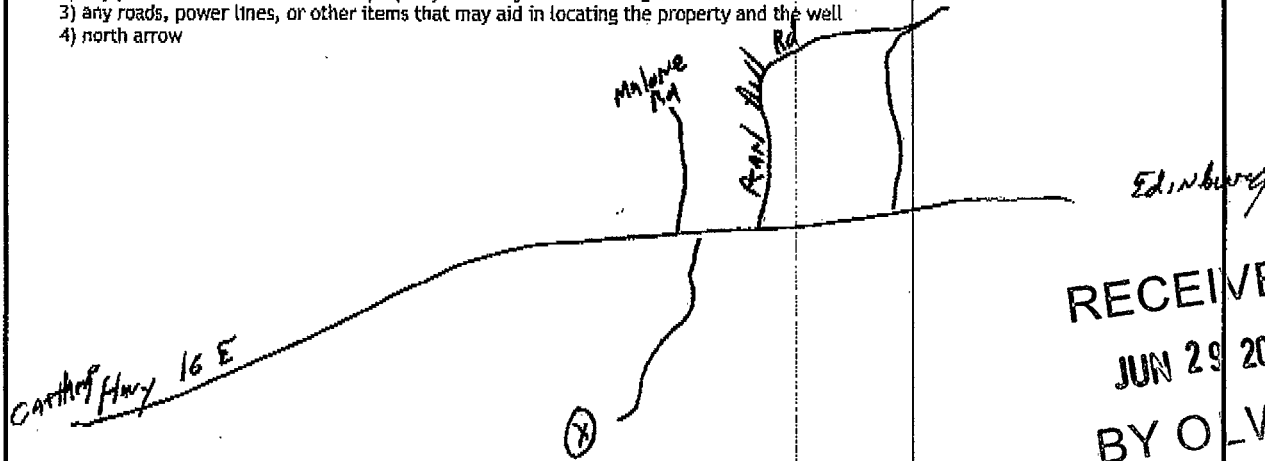
*Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations*

Description of Formations Encountered	From (depth) Ground level	To (depth)
BROWN/TAN CLAY	0	10
SANDSTONE AND CLAY	10	22
GREEN SAND/STONE/SHA	22	33
SMALL ROCK	33	34
GREEN SAND AND ROCK	34	55
ROCK	55	57
GREENISH GRAY SAND	57	73
GRAY SAND	73	110

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



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Landowner Name: CHRIS MALONE

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

06/18/18

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: 06/18/18  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Well #: H68  
 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>CHRIS MALONE</u>			Latitude: <u>32°76'53.35"</u> Longitude: <u>89°25'4.14"</u>		
Mailing Address: <u>2638 HWY 16 EAST</u>			Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
<u>CARTHAGE</u>	<u>MS</u>	<u>39051</u>	NW <u>1/4</u> NW <u>1/4</u> , Sec <u>30</u> T <u>11N</u> R <u>9E</u>		
City	State	Zip Code	7 Miles EAST of CARTHAGE		
Telephone No. ( <u>601</u> ) <u>267-9368</u>			(Distance) (Direction) (Nearest Town)		

**Pump Type (check one)**  
 Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_  
 Date Pump Installed: 06/18/18 Rated Pump Capacity: 10 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: 1/2 Setting Depth: 80 feet Number of Stages: 7

**Pump Test Data for Non Flowing Well**  
 Date Well Tested: 06/18/18 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours  
 Static Water Level (A): 50 Feet Below Land Surface Pumping Water Level (B): 58 Feet Below Land Surface  
 Drawdown [(B) - (A)]: 8 Feet Below Land Surface Test Pumping Rate: 15 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.*

**RECEIVED**  
**JUN 29 2018**  
**OLWR**

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
 DAVID S THOMAS 0-147 06/18/18  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer