

County: Leake  
 Permit #: \_\_\_\_\_  
 Driller: Thomas Drilling  
 Date drilling completed: 8-28-06

**State Well Report**  
**Part 1 - Driller's 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 #: J-20  
 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.*

<p><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>RUSTON STEWART</u>        Mailing Address: <u>1169 Drysdale Rd</u>  <u>Carthage MS 39051</u>        City State Zip Code        Telephone No. _____</p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>32° 41.684'</u> Longitude: <u>89° 38.128'</u>        Method of Lat/Long (circle one): <u>91</u> Conventional Survey, <u>07</u>        USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS  <u>SE</u> 1/4 SW 1/4 Sec <u>25</u> Twn <u>10N</u> Rng <u>6E</u>        Distance Direction Nearest Town  <u>4</u> Miles <u>W</u> of <u>Carthage</u></p>
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**Well / Borehole Data**

Date drilling started: 8-28-06 Date drilling completed: 8-28-06 Hole depth: 145 Hole diameter: 4"

Location of the source of any surface water used for drilling: Well @ Store  
 Method of dosing and volume of Chlorine used in drilling and development: Tender & Washed

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: \_\_\_\_\_

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

Static Water Level: 65 feet above or below (circle one) land surface Date measured: 8-28-06

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

Well depth: 145 Well grouted to a depth of 10 feet Type of grout (circle one): Neut Cement Bentonite Mix

Casing length: 135 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 135 feet to 145 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

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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)

County: Leake  
 Permit #: \_\_\_\_\_  
 Driller: Thomas Drilling  
 Date completed: 8-29-06  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: J-20  
 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>Ruston Stewart</u>	Latitude: <u>32°41'684</u> Longitude: <u>89°38.128</u>
Mailing Address: <u>1109 Drysdale Rd.</u>	Method of Lat/Long (check one): Conventional Survey <u>07</u>
<u>CARTHAGE, MS 39051</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City                      State                      Zip Code	_____ 1/4 _____ 1/4 Sec <u>25</u> T. <u>10N</u> R. <u>6E</u>
Telephone No. (____) _____	Distance                      Direction                      Nearest Town
	<u>4</u> Miles <u>W</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: _____
Date Pump Installed: <u>8-29-06</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-29-06</u>	Air Line                      Electric Measuring Line                      Steel Tape
Static Water Level (A): <u>65</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>75</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>27</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>2</u> hours	

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

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

Form: OLWR-SWR-1B

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