

County: Leake  
 Permit #: \_\_\_\_\_  
 Driller: Thomas Drilling  
 Date drilling completed: 11-8-04

### 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 #: K-36  
 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>Jerry Watkins #2</u>	Latitude: <u>N 32° 40.384'</u> Longitude: <u>W 89° 32.408'</u>
Mailing Address: <u>380 Watkins Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Carthage MS 39051</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE 1/4 NE 1/4 Sec 38 Twn 10 N Rng 17 E</u>
Telephone No. <u>(601) 267-5285</u>	Distance Direction Nearest Town <u>3 Miles South of Carthage</u>

**Well Data**

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

Date well drilling started: 11-8-04 Date well drilling completed: 11-8-04

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 11-8-04

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

Hole depth: 125' Well depth: 125' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 115 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC Sawn

Screen slot size: .010 inches Setting depth: From 115 feet to 125 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  
 Print Name of Water Well Contractor and License No.

[Signature]  
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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 BY: OLWR



**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: 11-8-04

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: K-36  
Elevation: \_\_\_\_\_

**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>Jerry Watkins #2</u>	Latitude: <u>N32°40.384'</u> Longitude: <u>W089°32.408'</u>
Mailing Address: <u>380 Watkins Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Carmage</u> MS <u>39051</u>	<u>SE</u> ¼ <u>NE</u> ¼ Sec <u>35</u> Twp <u>10N</u> Rng <u>7E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 267-5285</u>	<u>3</u> Miles <u>S</u> of <u>Carmage</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: <u>1/2</u>
Date Pump Installed: <u>11-12-04</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-12-04</u>	<u>Air Line</u> Electric Measuring Line      Steel Tape
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>46</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>6</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>32</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>3</u> hours	

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

David S. Thomas 0-147      David S. Thomas      RECEIVED  
Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

NOV 10 2004  
BY: OLWR