

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
(601)961- 5228 (fax)

County: Leake
 Permit #: _____
 Driller: THOMAS Drilling
 Date drilling completed: 10-22-12

For Office Use Only:
 Aquifer: _____
 Well #: K44
 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.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>David Weber</u>	Latitude: <u>32° 42' 14.8"</u> Longitude: <u>89° 31' 41.82"</u>
Mailing Address: <u>P.O. Box 132</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Handheld GPS</u> , Survey-grade GPS
<u>Carthage</u> MS <u>39051</u>	SW $\frac{1}{4}$ NE $\frac{1}{4}$ Sec <u>24</u> Twn <u>10N</u> Rng <u>7E</u>
City State Zip Code	Distance Direction Nearest Town <u>1</u> Miles <u>S</u> of <u>CARTHAGE</u>
Telephone No. <u>(601) 267-0303</u>	

Well / Borehole Data

Date drilling started: 10-22-12 Date drilling completed: 10-22-12 Hole depth: 120' Hole diameter: 4"

Location of the source of any surface water used for drilling: 1 lb. in tender @ Thomas Drilling

Method of dosing and volume of Chlorine used in drilling and development: 1 lb. in 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: _____

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 10-22-12

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

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

Casing length: 90 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 90 feet to 120 feet

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

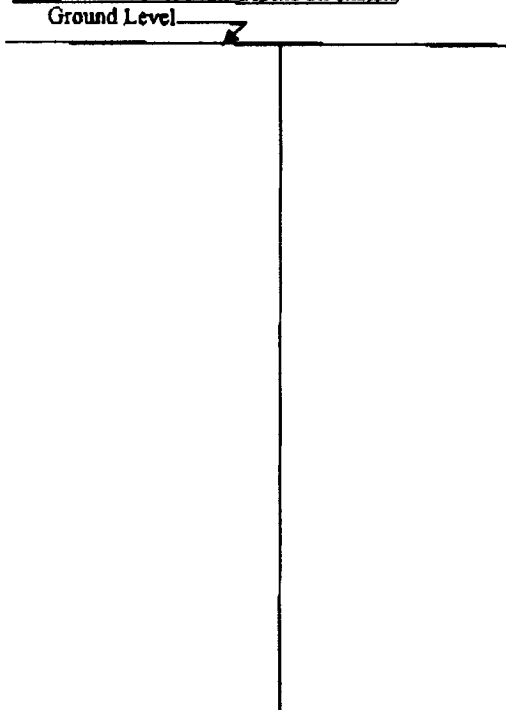
Other (describe): _____

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

K44

The sketch below only required for water wells

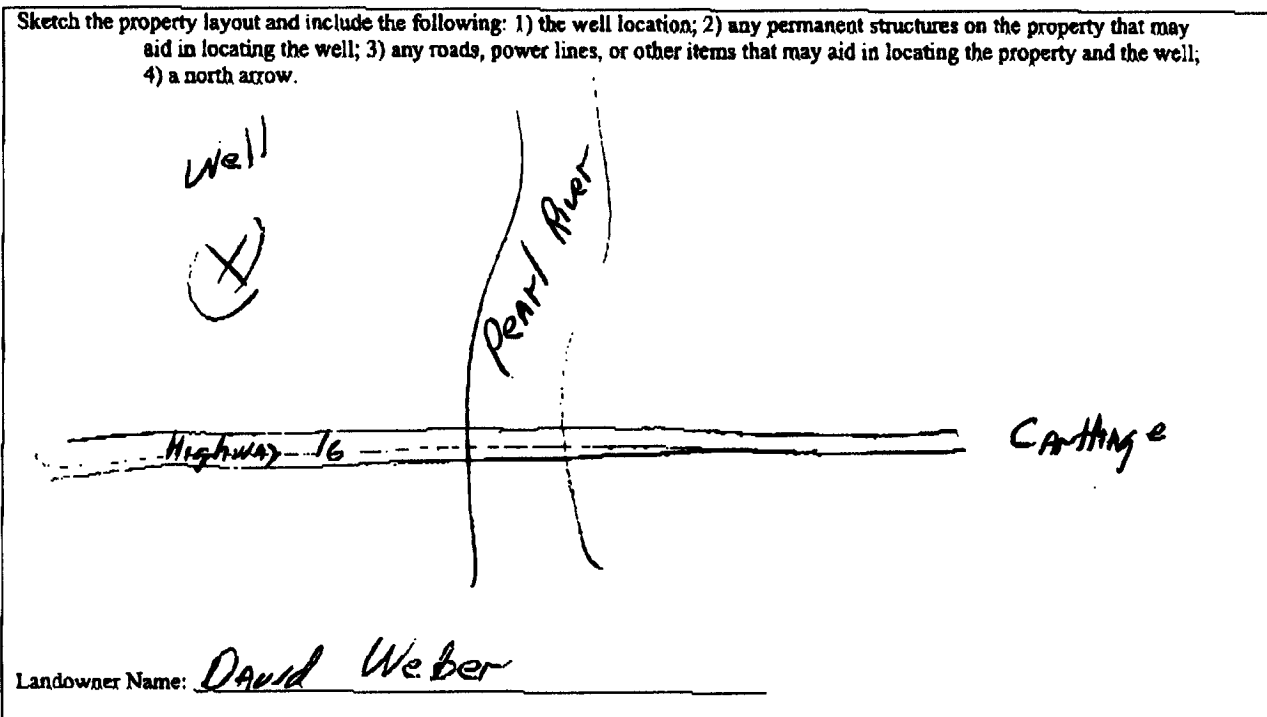
If well telescopes, show depths on sketch



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

Description of Formations Encountered	From (depth) Ground Level	To (depth)
CLAY	0	36
SAND	36	90
CLAY	90	91
SAND	91	120

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



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.

David S. Thomas 0-147 10-22-12

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

For Office Use Only:

Aquifer: _____
 Well #: K44
 Elevation: _____

County: Leake
 Permit #: _____
 Driller: Thomas Drilling
 Date completed: 10-25-12
 Copy information from block on Part 1

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>David Weber</u>	Latitude: <u>32°42'14.8"</u> Longitude: <u>-89°31'41.82"</u>
Mailing Address: <u>P.O. Box 192</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Carthage MS 39051</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 24 T. 10 N R. 7 E</u>
Telephone No. <u>(601) 267-0303</u>	Distance _____ Direction _____ Nearest Town _____
	<u>1</u> Miles <u>S</u> of <u>CARTHAGE</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5 HP</u>
Date Pump Installed: <u>10-23-12</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>75</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level
	Circle one
Date Well Tested: <u>10-23-12</u>	<u>Air Line</u> <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>20</u> Feet Below Land Surface	Well yielded <u>100</u> GPM with a drawdown of
Test Pumping Rate: <u>100</u> Gallons Per Minute	<u>20</u> feet after <u>1</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>1</u> hours	

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 0-147
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer