

County: Leake  
 Permit #: \_\_\_\_\_  
 Driller: Thomas Drilling  
 Date drilling completed: 2-22-08

### 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 #: L-61  
 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 Whittington</u>	Latitude: <u>32° 42.488'</u> Longitude: <u>89° 26.551'</u>
Mailing Address: <u>613 Arthur Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>29</u>
<u>Carthage MS 39051</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 SE 1/4 Sec 24 Twn 10N Rng 8E</u>
Telephone No. <u>(601) 267-3054</u>	Distance Direction Nearest town
	<u>3</u> Miles <u>E</u> of <u>FREEMY</u>

**Well Data**

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

Date well drilling started: 2-22-08 Date well drilling completed: 2-22-08

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

Static Water Level: 30 feet above or below (circle one) land surface Date measured 2-22-08

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

Hole depth: 54 Well depth: 34 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 44 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: 4 inches Setting depth: From 44 feet to 54 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 of Water Well Contractor

If well telescopes please sketch below and show depths.

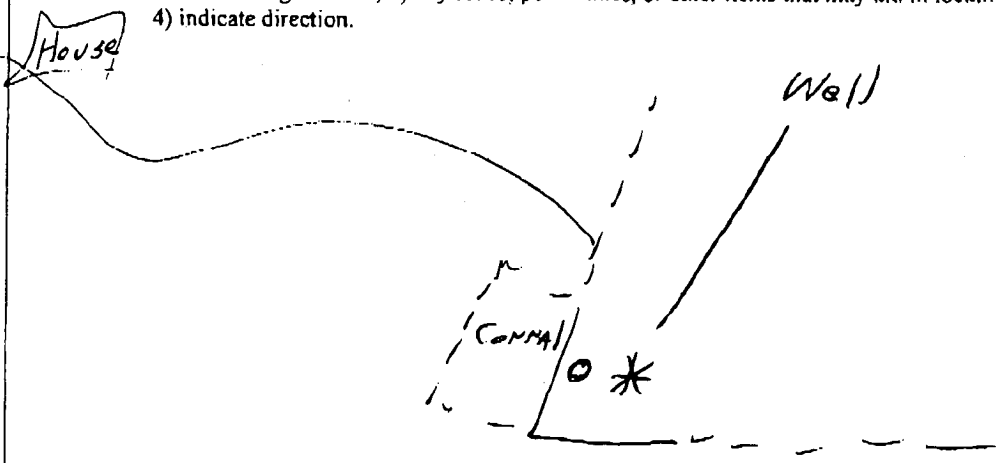
L-61

Ground Level

Description of Formations Encountered	From	To
SAND & CLAY	0	15
White SAND	15	54

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) indicate direction.



Landowner Name: Jerry Whittington

*[Handwritten Signature]*  
Signature of Water Well Contractor

### 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  
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 (601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: L-61  
 Elevation: \_\_\_\_\_

County: Leake  
 Permit #: \_\_\_\_\_  
 Driller: TH-MAS Drilling  
 Date completed: 2-22-08

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**

Owner Name: Jerry Whittington  
 Mailing Address: 613 Arthur Rd.  
Carthage MS 39051  
 City State Zip Code  
 Telephone No. 601 267-3054

**Well Location**

Latitude: 32°42.488 Longitude: 89°26.551  
 Method of Lat/Long (circle one): Conventional Survey,  
 USGS quad, Hand-held GPS, Survey-grade GPS  
 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Sec 24 Twn 10N Rng 8E  
 Distance Direction Nearest Town  
3 Miles E of Freeport

**Pump Type**  
 Circle one

Air Lift Jet Submersible  
 Bucket Piston Turbine  
 Centrifugal Rotary Flowing Well  
 Other (specify): \_\_\_\_\_  
 Date Pump Installed: 2-22-08  
 Rated Pump Capacity: 10 Gallons Per Minute

**Power Type**  
 Circle one

Diesel Engine Gasoline Engine Natural Gas  
Electric Motor Hand Tractor PTO  
 Windmill Other (specify): \_\_\_\_\_  
 Horse Power Rating of Motor: 1/2  
 Setting Depth: 40 feet  
 Number of Stages: 2

**Pump Test Data**

Date Well Tested: 2-22-08  
 Static Water Level (A): 20 Feet Below Land Surface  
 Pumping Water Level (B): 26 Feet Below Land Surface  
 Drawdown [(B) - (A)]: 6 Feet Below Land Surface  
 Test Pumping Rate: 15 Gallons Per Minute  
 Duration of Pump Test (minimum 4 hours): 1 hours

**Method of Measuring Water Level**  
 Circle one

Air Line Electric Measuring Line Steel Tape  
 Other (specify): \_\_\_\_\_  
 For flowing well, measured shut in head: \_\_\_\_\_ feet  
 Well yielded \_\_\_\_\_ GPM with a drawdown of  
 \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

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 of Pump Installer