

STATE WELL REPORT

County: LEAKE
 Permit #: THOMAS DRILLING
 Driller: _____
 Date drilling completed: 05/30/18

**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)

For Office Use Only:
 Well #: M88
 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.

Well Owner Information (Landowner if borehole is not for a water well) Owner Name: <u>TOBY KITCHENS</u> Mailing Address: _____		Well or Borehole Location Latitude: <u>32°42'6.94"</u> Longitude: <u>89°22'3"</u> Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>SW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$, Sec <u>21</u> <u>22</u> , T <u>10N</u> R <u>9E</u> <u>2</u> Miles <u>NW</u> of <u>MADDEN</u> (Distance) (Direction) (Nearest Town)	
City: <u>CARTHAGE</u> State: <u>MS</u> Zip Code: <u>39051</u>	Telephone No. (<u>601</u>) <u>398-5636</u>		

Well / Borehole Data Date drilling started: <u>05/30/18</u> Date drilling completed: <u>5/30/18</u> Hole depth: <u>92</u> Hole diameter: <u>4"</u> Location of the source of any surface water used for drilling: _____ 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 type="checkbox"/> <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>POULTRY</u>	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>43</u> feet <input type="checkbox"/> above or <input checked="" type="checkbox"/> below land surface Date measured: <u>05/30/18</u> 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>92</u> Well grouted to a depth of: <u>25+</u> feet Type of grout (check one) <input type="checkbox"/> Heat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix Casing length: <u>72</u> feet Casing diameter: <u>4"</u> inches Type of casing: <u>PVC</u> Screen length: <u>20</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>72</u> feet to <u>92</u> feet Type of completion (check all applicable) <input checked="" type="checkbox"/> gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development Other (describe): _____ Top of tap pipe or reduction in casing: _____ feet <i>If telescoped or more than one screen, describe on next page</i>	

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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 2309
Jackson, MS 39225-2309
(601)961-5210
(601) 360-0535 (fax)

County: LEAKE
Permit #: _____
Driller: THOMAS DRILLING
Date completed: 06/04/18
Copy information from black on Part 1

For Office Use Only:
Well #: M88
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>TOBY KITCHENS</u>			Latitude: <u>32°42'6.94"</u> Longitude: <u>89°22'3"</u>		
Mailing Address: _____			Method of Lat/Long (check one): Conventional Survey _____		
CARTHAGE MS 39051			USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
City State Zip Code			<u>SW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$, Sec <u>21</u> <u>22</u> T <u>10N</u> R <u>9E</u>		
Telephone No. (<u>601</u>) <u>398-5636</u>			<u>2</u> Miles <u>NW</u> of <u>MADDEN</u> (Distance) (Direction) (Nearest Town)		

Pump Type (check one)
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 06/04/18 Rated Pump Capacity: 35 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: 3HP 3PH Setting Depth: 80 feet Number of Stages: 12

Pump Test Data for Non Flowing Well
Date Well Tested: 06/04/18 Duration of Pump Test (minimum 4 hours): _____ hours
Static Water Level (A): 43 Feet Below Land Surface Pumping Water Level (B): 55 Feet Below Land Surface
Drawdown [(B) - (A)]: 12 Feet Below Land Surface Test Pumping Rate: 30 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.

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BY OLWR

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
DAVID S THOMAS 0-147 06/04/18
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer