

### State Well Report Part I - 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)

County: LEAKE  
 Permit #: \_\_\_\_\_  
 Driller: Thomas Drilling  
 Date drilling completed: 7-19-06

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: N-38  
 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.

<b>Information on Well Owner</b> (Lundowner if borehole is not for a water well) Owner Name: <u>Ruston Stewart #1</u> Mailing Address: <u>169 Drysdale Road</u> <u>Carthage MS 39051</u> City State Zip Code Telephone No. <u>(601) 241-2502</u>		<b>Well or Borehole Location</b> Latitude: <u>32° 38.893'</u> Longitude: <u>89° 59.709'</u> Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>NW 1/4 NE 1/4 Sec 12 Twn 9 N Rng 6 E</u> Distance Direction Nearest Town <u>1 Miles N of Good Hope</u>	
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**Well / Borehole Data**

Date drilling started: 7-17-06 Date drilling completed: 7-17-06 Hole depth: 105 Hole diameter: 4"

Location of the source of any surface water used for drilling: Well @ office

Method of dosing and volume of Chlorine used in drilling and development: Back washed & Mixed w Tender 100 granular

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: Poultry

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 7-17-06

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

Well depth: 105 Well grouted to a depth of 104 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 85' feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: .010 inches Setting depth: From 85 feet to 105 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: LOAKE  
 Permit #: \_\_\_\_\_  
 Driller: Thomas Drilling  
 Date completed: 7-17-06  
 Copy information from block on Part 1

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: N-38  
 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 #1</u>		Latitude: <u>N 32° 38.993</u>	Longitude: <u>W 89° 38.059</u>
Mailing Address: <u>169 Drysdale Road</u>		Method of Lat/Long (check one): Conventional Survey _____	
<u>Carthage</u> <u>MS</u> <u>39051</u>		USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____	
City State Zip Code		1/4 1/4 Sec <u>12</u> T <u>9N</u> R <u>6E</u>	
Telephone No. <u>(601) 741-2502</u>		Distance Direction Nearest Town	
		<u>1</u> Miles <u>N</u> of <u>Good Hope</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 1/2</u>		
Date Pump Installed: <u>7-17-06</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>7-17-06</u>		Air Line	Electric Measuring Line
Static Water Level (A): <u>60</u> Feet Below Land Surface			Steel Tap
Pumping Water Level (B): <u>80</u> Feet Below Land Surface		Other (specify): _____	
Drawdown ((B) - (A)): <u>20</u> Feet Below Land Surface		For flowing well, measured shut in head: _____ feet	
Test Pumping Rate: <u>27</u> Gallons Per Minute		Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping	
Duration of Pump Test (minimum 4 hours): <u>1</u> hours			

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

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