

Grid N

County: Loake
 Permit #: _____
 Driller: Thomas Drilling
 Date drilling completed: 9-28-15

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

For Office Use Only:
 Aquifer: _____
 Well #: N48
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Jessie DAVIS 6</u>	Latitude: <u>32° 35' 59.32"</u> Longitude: <u>89° 40' 2.27"</u>
Mailing Address: <u>1 FRANCOIS COVE</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Brandon</u> <u>MS</u> <u>39047</u>	USGS quad, <u>SW 1/4 NE 1/4 Sec 27</u> Twn <u>9N</u> Rng <u>6E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 260-1079</u>	<u>3</u> Miles <u>SW</u> of <u>Good Hope</u>

Well / Borehole Data

Date drilling started: 9-28-15 Date drilling completed: 9-28-15 Hole depth: 205 Hole diameter: 4"

Location of the source of any surface water used for drilling: _____

Method of dosing and volume of Chlorine used in drilling and development: 1 lb in tank & 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: Pantry

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

Static Water Level: 45 feet above or below (circle one) land surface Date measured: 9-28-15

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

Well depth: 205 Well grouted to a depth of 104 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 175 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 175 feet to 205 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*

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)

County: Leake
 Permit #: _____
 Driller: Thomas Drilling
 Date completed: 10-1-15
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: N 48
 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
 Owner Name: Jessie Davis 6
 Mailing Address: 1 Francois Cove
Brandon MS 39047
 City State Zip Code
 Telephone No. (601)260-1099

Well Location
 Latitude: 32° 35' 59.32" Longitude: 87° 40' 2.27"
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____, Hand-held GPS X, Survey-grade GPS _____
 _____ 1/4 _____ 1/4 Sec 29 T 9N R 6E
 Distance _____ Direction _____ Nearest Town _____
3 Miles SW of Good Hope

Pump Type
 Circle one
 Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 10-1-15
 Rated Pump Capacity: 55 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: 5HP 30
 Setting Depth: 85' feet
 Number of Stages: 15

Pump Test Data
 Date Well Tested: 10-1-15
 Static Water Level (A): 45 Feet Below Land Surface
 Pumping Water Level (B): 60 Feet Below Land Surface
 Drawdown [(B) - (A)]: 15 Feet Below Land Surface
 Test Pumping Rate: 20 ± 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

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 0-149
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer