

County: Leake  
 Permit #: \_\_\_\_\_  
 Driller: Thomas Drilling  
 Date drilling completed: 5-26-05

### 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 #: Q-52  
 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>LISA Rushing FI</u>	Latitude: <u>32° 39' 48"</u> Longitude: <u>89° 37' 04"</u>
Mailing Address: <u>500 Moss Rd</u>	Method of Lat/Long (circle one): <input checked="" type="checkbox"/> Conventional Survey, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>LENA</u> <u>MS</u> <u>39094</u>	<input checked="" type="checkbox"/> MAP <input checked="" type="checkbox"/> USGS quad
City State Zip Code	NW 1/4 NE 1/4 Sec <u>6</u> Twn <u>9N</u> Rng <u>7E</u>
Telephone No. <u>(601) 654-3875</u>	Distance <u>2</u> Miles Direction <u>N</u> of Nearest Town <u>Good Hope</u>

**Well Data**

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

Date well drilling started: 5-26-05 Date well drilling completed: 5-26-05

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

Static Water Level: 70 feet above or below (circle one) land surface Date measured: 5-26-05

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

Hole depth: 270' Well depth: 270 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: \_\_\_\_\_ 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 250 feet to 270 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.



# 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: Leake  
 Permit #: \_\_\_\_\_  
 Driller: Thomas Drilling  
 Date completed: 5-28-05

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: Q-52  
 Elevation: \_\_\_\_\_

**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	Well Location
Owner Name: <u>LISA Rushing #1</u>	Latitude: <u>32.66331°</u> Longitude: <u>-89.61713°</u>
Mailing Address: <u>500 Moss Rd</u>	Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="radio"/> <u>MAP</u> USGS quad, Hand-held GPS, Survey-grade GPS
<u>LENA</u> MS <u>39094</u> City State Zip Code	1/4 1/4 Sec <u>6</u> Twn <u>9N</u> Rng <u>7E</u>
Telephone No. <u>(601) 654-3875</u>	Distance Direction Nearest Town <u>2</u> Miles <u>N</u> of <u>Good Hope</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <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>5-28-05</u>	Setting Depth: <u>120</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>5-28-05</u>	<input checked="" type="radio"/> <u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>70</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>90</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 _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>~40+</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>1/2</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)

David S. Thomas  
 Signature of Pump Installer

b200000