

County: Leake  
 Permi #: \_\_\_\_\_  
 Driller: Thomas Drilling  
 Date drilling completed: 4/27/06

### 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-57  
 I. 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>EMMIE CHENAULT</u>	Latitude: <u>32° 32.498'</u> Longitude: <u>87° 36.773'</u>
Mailing Address: <u>Goodhope Rd</u>	Method of Lat/Long (circle one): <u>30</u> Conventional Survey <u>46</u>
<u>Carthage MS 39051</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 14</u> Twn <u>9N</u> Rng <u>7E</u>
Telephone No. <u>601 654-7771</u>	Distance Direction Nearest Town <u>1/2</u> Miles <u>E</u> of <u>Goodhope</u>

**Well Data**

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

Date well drilling started: 4/27/06 Date well drilling completed: 4/27/06

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

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 4/27/06

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

Hole depth: 74 Well depth: 74 Well grouted to a depth of 10 feet

Type of grout (circle one): Common Bentonite Mix

Casing length: 54 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 54 feet to 74 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): \_\_\_\_\_

Top of tap 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

County: Leake  
 Permit #: \_\_\_\_\_  
 Driller: Thomas Drilling  
 Date completed: 4/28/06

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 #: φ-57  
 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>ERNIE CHEVALT</u>	Latitude: <u>32° 37.498</u> Longitude: <u>89° 36.773</u>
Mailing Address: <u>Good Hope Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>CANTAGE MS 39051</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS:
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>18</u> Twn <u>9N</u> Rng <u>7E</u>
Telephone No. ( <u>601</u> ) <u>654-7771</u>	Distance Direction Nearest Town
	<u>1/2</u> Miles <u>E</u> of <u>Good Hope</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>4/28/06</u> Rated Pump Capacity: <u>19</u> Gallons Per Minute	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1</u> Setting Depth: <u>40</u> feet Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4/28/06</u>	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape Other (specify): _____
Static Water Level (A): <u>20</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Pumping Water Level (B): <u>25</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	
Test Pumping Rate: <u>25+</u> Gallons Per Minute	
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]  
 Signature of Pump Installer