

County: Leake 009  
 Permit #: \_\_\_\_\_  
 Driller: Thomas Drilling  
 Date drilling completed: 8-3-04

**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-39  
 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>Nolen Sistrunk</u>	<u>N 32° 36.245'</u> <u>W 089° 21.069'</u>
Mailing Address: <u>P.O. Box 169</u>	Latitude: <u>32° 36' 15"</u> Longitude: <u>89° 21' 04"</u>
<u>Sebastopol</u> <u>MS</u> <u>39359</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE 1/4 NE 1/4</u> Sec <u>29</u> Twn <u>9 N</u> Rng <u>9 E</u>
Telephone No. <u>(601) 625-8652</u>	Distance <u>2</u> Miles Direction <u>NW</u> Nearest Town <u>Sebastopol</u>

**Well Data**

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

Date well drilling started: 8-3-04 Date well drilling completed: 8-3-04

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 8-3-04

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

Hole depth: 185 Well depth: 185 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 165 feet Casing diameter: 4" inches Type of casing: PVC

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

Screen slot size: .010 inches Setting depth: From 165 feet to 185 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 0-149  
 Print Name of Water Well Contractor and License No.

David S. Thomas RECEIVED  
 Signature of Water Well Contractor SEP 03 2004

If well telescopes please sketch below and show depths.

BY: OLWR

Q-39

Ground Level

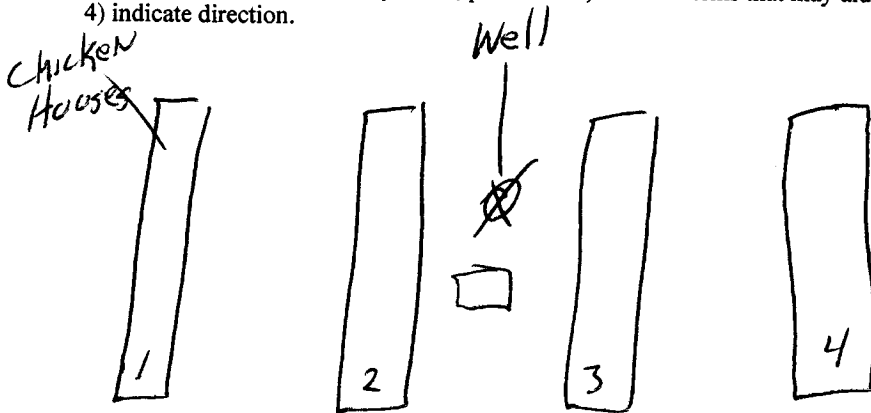
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
HARD CLAY	0	4
FINE SAND & CLAY	4	16
MED. SAND W/STRKS. CLAY	16	80
MED. WHITE SAND	80	99
GRAY CLAY	99	103
GRAY SAND	103	185

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: Nolen Sistrunk

David B. Thomas  
Signature of Water Well Contractor

RECEIVED  
SEP 03 2004  
BY: OLWR

# 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: Leafe  
Permit #: \_\_\_\_\_  
Driller: THOMAS Drilling  
Date completed: 8-3-04

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: Q 39  
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>Nolen Sistrunk</u>	Latitude: <u>N 32° 36.245'</u> Longitude: <u>W 89° 21.069'</u>
Mailing Address: <u>P.O. Box 169</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Sebastopol</u> MS <u>39359</u>	<u>NE</u> ¼ <u>NE</u> ¼ Sec <u>27</u> Twn <u>9 N</u> Rng <u>9 E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>601) 625-8652</u>	<u>2</u> Miles <u>NW</u> of <u>Sebastopol</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>8-3-04</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>8-3-04</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>70</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded <u>26</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>26</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

DAVID S. THOMAS 0-147 **RECEIVED**  
Print Name of Pump Installer and License No. (if applicable) SEP 03 2004

David S. Thomas **BY: OLWR**  
Signature of Pump Installer