

County: Leake  
 Permit #: \_\_\_\_\_  
 Driller: Thomas Drilling  
 Date drilling completed: 8-4-04

**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 40  
 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.

<b>Well Owner Information</b> Owner Name <u>Nolen Sistrunk (JJ)</u> Mailing Address: <u>P.O. Box 169</u> <u>Sebastopol MS 39359</u> City State Zip Code Telephone No. <u>(601) 625-8652</u>		<b>Well Location</b> <u>N 32° 35.625'</u> Latitude: <u>32° 35' 37"</u> Longitude: <u>W 89° 22.218'</u> <u>89° 22' 13"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>SE ¼ SE ¼ Sec 33</u> Twn <u>9N</u> Rng <u>9E</u> Distance <u>3</u> Miles Direction <u>W</u> of Nearest Town <u>Sebastopol</u>	
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**Well Data**

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

Date well drilling started: 8-4-04 Date well drilling completed: 8-4-04

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

Static Water Level: 75 feet above or below (circle one) land surface Date measured: 8-4-04

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

Hole depth: 225' Well depth: 225' Well grouted to a depth of 10 feet

Type of grout (circle one); Cement Bentonite Mix

Casing length: 205 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 205' feet to 225' 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



**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: 8-5-04

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
Well #: Q-40  
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.**

<p align="center"><b>Well Owner Information</b></p> <p>Owner Name: <u>Nolen Sistrunk</u> Mailing Address: <u>P.O. Box 169</u> <u>Sebastopol MS 39359</u> City State Zip Code Telephone No. <u>(601) 625-8652</u></p>	<p align="center"><b>Well Location</b></p> <p>Latitude: <u>N 32° 35.625'</u> Longitude: <u>W 089° 22.218'</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand held</u> GPS, Survey-grade GPS _____ ¼ _____ ¼ Sec. <u>33</u> Twn <u>9N</u> Rng <u>9E</u> Distance Direction Nearest Town <u>3</u> Miles <u>W</u> of <u>Sebastopol</u></p>
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<p align="center"><b>Pump Type</b> Circle one</p> <p>Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>8-5-04</u> Rated Pump Capacity: <u>19</u> Gallons Per Minute</p>	<p align="center"><b>Power Type</b> Circle one</p> <p>Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>1 1/2</u> Setting Depth: <u>120'</u> feet Number of Stages: <u>11</u></p>
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<p align="center"><b>Pump Test Data</b></p> <p>Date Well Tested: <u>8-5-04</u> Static Water Level (A): <u>75</u> Feet Below Land Surface Pumping Water Level (B): <u>85'</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface Test Pumping Rate: <u>27</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours</p>	<p align="center"><b>Method of Measuring Water Level</b> Circle one</p> <p><u>Air Line</u> 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</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

David Thomas 0-147  
Print Name of Pump Installer and License No. (if applicable)

David Thomas  
Signature of Pump Installer

**RECEIVED**  
SEP 03 2004

**BY: OLWR**