

County: Leake  
 Permit #: \_\_\_\_\_  
 Driller: THOMAS DRILLING  
 Date drilling completed: 8-5-04

### 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 #: Q41  
 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</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> Latitude: <u>N 32° 36.471' 32° 36' 28"</u> Longitude: <u>W 089° 21.984' 81° 21' 59"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 SW 1/4 Sec 22 Twn 9 N Rng 9 E</u> Distance <u>3</u> Miles Direction <u>NE</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: 8-5-04 Date well drilling completed: 8-5-04

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

Static Water Level: 68 feet above or below (circle one) land surface Date measured: 8-5-04

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

Hole depth: 105' Well depth: 105' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 95 feet Casing diameter: 4" inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4" inches Type of screen: PVC SAND

Screen slot size: .010 inches Setting depth: From 95 feet to 105 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.

David S. Thomas  
 Signature of Water Well Contractor

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 SEP 03 2004

If well telescopes please sketch below and show depths.

BY: OLWR

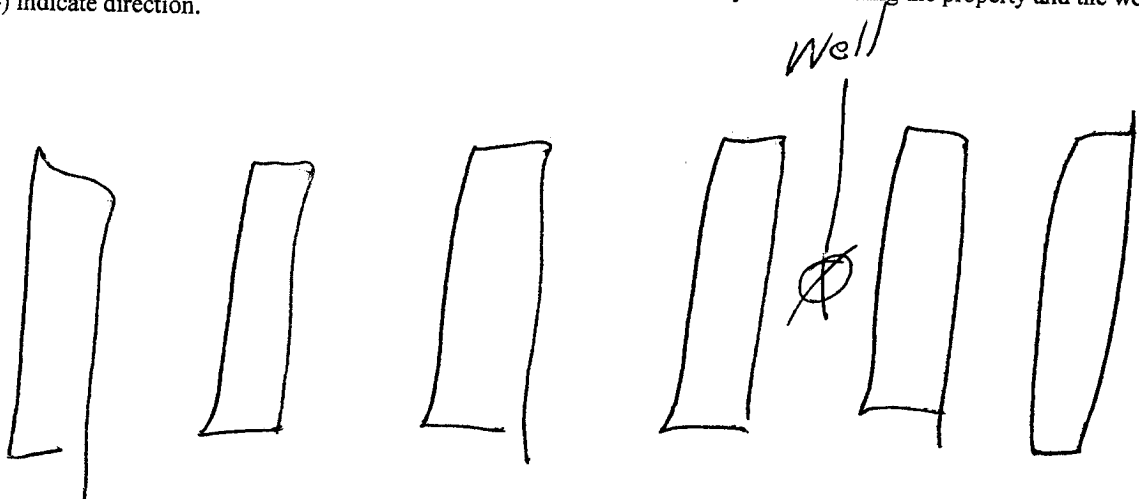
Q 41

Ground Level

Description of Formations Encountered	From	To
Mixed Clay	0	20
White SAND	20	105

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

*Paul S. Hamer*  
 Signature of Water Well Contractor

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 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: Leake  
Permit #: \_\_\_\_\_  
Driller: Thomas Drilling  
Date completed: 8-6-04

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: Q-41  
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><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><b>Well Location</b></p> <p>N 32° 36.471' W 089° 21.984' Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SW</u> ¼ <u>SW</u> ¼ Sec <u>22</u> Twn <u>9N</u> Rng <u>96</u> Distance Direction Nearest Town <u>3</u> Miles <u>NE</u> of <u>Sebastopol</u></p>	
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<p><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>8-6-04</u> Rated Pump Capacity: <u>19</u> Gallons Per Minute</p>	<p><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>100</u> feet Number of Stages: <u>11</u></p>
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<p><b>Pump Test Data</b></p> <p>Date Well Tested: <u>8-6-04</u> Static Water Level (A): <u>68</u> Feet Below Land Surface Pumping Water Level (B): <u>87</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>19</u> Feet Below Land Surface Test Pumping Rate: <u>24</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours</p>	<p><b>Method of Measuring Water Level</b> Circle one</p> <p>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</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

David S. Thomas 0-147 David S. Thomas RECEIVED  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer SEP 03 2004  
BY: OLWR