

County: Scott  
 Permit #: \_\_\_\_\_  
 Driller: Thomas Drilling  
 Date drilling completed: 10-23-12

**State Well Report**  
**Part 1 - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: B38  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Josh Slay</u>	Latitude: <u>32° 44' 53.5"</u> Longitude: <u>89° 31' 42.68"</u>
Mailing Address: <u>4271 Hillsboro Ludlow Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City: <u>Forest</u> State: <u>MS</u> Zip Code: <u>39074</u>	USGS quad, <del>Handheld GPS</del> , Survey-grade GPS
Telephone No. <u>(601) 940-2952</u>	NE 1/4 SW 1/4 Sec <u>23</u> Twa <u>8N</u> Rng <u>7E</u>
	Distance <u>1</u> Miles Direction <u>N</u> of Nearest Town <u>Lillian</u>

**Well / Borehole Data**

Date drilling started: 10-23-12 Date drilling completed: 10-23-12 Hole depth: 190' Hole diameter: 4"

Location of the source of any surface water used for drilling: Thomas Drilling

Method of dosing and volume of Chlorine used in drilling and development: 1 lb in tender for wash

Logs run (circle all applicable): No logs Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_

Seismic Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block*

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

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 10-23-12

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

Well depth: 190 Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 170 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 170 feet to 190 feet

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

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

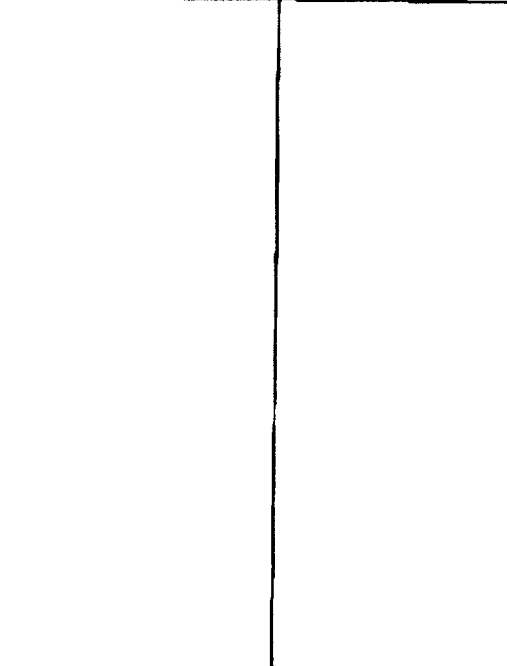
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

B38

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level  $\rightarrow$

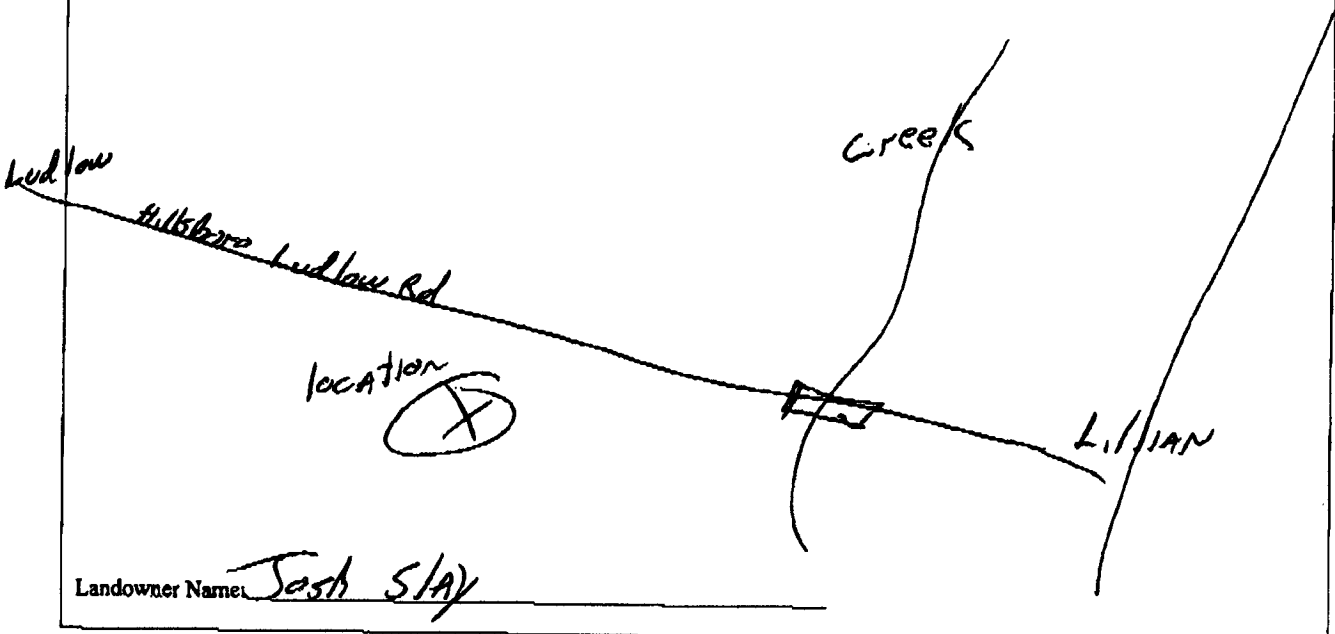


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
Mixed	0	10
Gray Clay	10	45
Clay w/ shls	45	85
Sand & clay	85	100
Gray Sand	100	117
Clay & sand	117	145
Gray Sand	145	170

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) a north arrow.



Form: OLWR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health Regulations, if applicable, and state laws.

David S. Thomas 0-147 10-23-12

Signature of Licensee

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

County: Scott  
 Permit #: \_\_\_\_\_  
 Driller: Thomas Drilling  
 Date completed: 10-24-12  
Copy information from block on Part 1

**STATE WELL REPORT**

**Part 2**

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: B38  
 Elevation: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Josh Slay</u>	Latitude: <u>32° 44' 5.35"</u> Longitude: <u>89° 31' 43.68"</u>
Mailing Address: <u>4271 Hillsboro Ludlow Rd</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Forest</u> MS <u>39074</u>	<u>NE 1/4 SW 1/4 Sec 23 T 8 N R 7 E</u>
City State Zip Code	Distance <u>26</u> Miles <u>N</u> Direction of <u>LILLIAN</u> Nearest Town
Telephone No. (601) <u>940-2852</u>	

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <del>Submersible</del> <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<del>Electric Motor</del> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2 HP 30</u>
Date Pump Installed: <u>10-24-12</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>25</u> Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>48</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>8</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</u> hours	

This is for (circle one):  New Well  Replacement of Existing Pump  Repair of Existing Pump

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