

County: Scott 188
 Permit #: _____
 Driller: THOMAS DRILLING
 Date drilling completed: 8-2-04

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 #: D 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.

Well Owner Information Owner Name <u>Nolen Sistrunk (EIAINE)</u> Mailing Address: <u>P.O. Box 169</u> <u>SEBASTAPOL MS 39359</u> City State Zip Code Telephone No. <u>(601) 625-8652</u>		Well Location Latitude: <u>N 32° 34.548'</u> Longitude: <u>W 89° 21.203'</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 NE 1/4 Sec 3 Twn 8N Rng 9E</u> Distance <u>1/2</u> Miles Direction <u>W</u> of Nearest Town <u>SEBASTAPOL</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: 8-2-04 Date well drilling completed: 8-2-04

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

Static Water Level: 68 feet above or below (circle one) land surface Date measured: 8-2-04

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

Hole depth: 180 Well depth: 180' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

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

Screen length: _____ feet Screen diameter: 4" inches Type of screen: PVC SAVED

Screen slot size: 2010 inches Setting depth: From _____ feet to _____ 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
 Signature of Water Well Contractor

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 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: SCOTT
Permit #: _____
Driller: THOMAS DRILLING
Date completed: 8-3-04

For Office Use Only:

Aquifer: _____
Well #: D 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.

Well Owner Information	Well Location
Owner Name: <u>Nolen Sistrunk</u>	Latitude: <u>N 32° 34.548'</u> Longitude: <u>W 089° 21.203'</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>Sebastapol</u> <u>MS</u> <u>39359</u> City State Zip Code	<u>NE 1/4 NE 1/4</u> Sec <u>3</u> Twn <u>8N</u> Rng <u>9E</u>
Telephone No. <u>(601) 625-8652</u>	Distance Direction Nearest Town <u>1/2</u> Miles <u>W</u> of <u>SEBASTAPOL</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well <input type="radio"/>	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>120'</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: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>68'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>80'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>12'</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>2.4</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
Print Name of Pump Installer and License No. (if applicable)

David S. Thomas
Signature of Pump Installer

RECEIVED

SEP 03 2004

BY: OLWR