

County: Leake  
 Permit #: \_\_\_\_\_  
 Driller: Thomas Drilling  
 Date drilling completed: 10-14-05

### 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)254-6938 (fax)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: L-59  
 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>Kim Caldwell</u> Mailing Address: <u>5007 Standing Pine</u> <u>Cantlage</u> MS <u>39051</u> City State Zip Code Telephone No. ( ) _____		<b>Well Location</b> Latitude: <u>32.69394</u> Longitude: <u>-89.44265</u> Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="checkbox"/> USGS quad Hand-held GPS, Survey-grade GPS ✓ <u>NW 1/4 NE 1/4</u> Sec <u>26</u> Twn <u>10N</u> Rng <u>8E</u> Distance Direction Nearest Town <u>2</u> Miles <u>EAST</u> of <u>Freezy</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: 10-14-05 Date well drilling completed: 10-14-05

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 10-14-05

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

Hole depth: 140 Well depth: 140 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 120 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .010 inches Setting depth: From 120 feet to 140 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. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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 OCT 28 2005  
 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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: L-59  
Elevation: \_\_\_\_\_

County: Leake  
Permit #: \_\_\_\_\_  
Driller: \_\_\_\_\_  
Date completed: 10-14-05

**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>Kim Caldwell</u>	Latitude: <u>32.69394°</u> Longitude: <u>-89.44265°</u>
Mailing Address: <u>5007 Standing Pine Rd</u>	Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="checkbox"/> USGS quad, Hand-held GPS, Survey-grade GPS
<u>Carthage</u> <u>MS</u> <u>39051</u> City State Zip Code	1/4 1/4 Sec <u>26</u> Twn <u>10N</u> Rng <u>8E</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>2</u> Miles <u>East</u> of <u>Freeport</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): <u>1</u>
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>10-14-05</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>10-14-05</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>72</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>25</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>1</u> 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

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OCT 28 2005

BY: OLWR