

County: Leake  
 Permit #: \_\_\_\_\_  
 Driller: Thomas Drilling  
 Date drilling completed: 4-8-09

**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  
 (801)961- 5210  
 (801)961- 5228 (fax)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: L-62  
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Gary Winstead</u>	Latitude: <u>N 32° 43.055'</u> Longitude: <u>W 89° 25.816'</u>
Mailing Address: <u>1116 Galilee Road</u>	Method of Lat/Long (circle one): Conventional Survey, <u>93</u>
<u>Carthage MS 39051</u>	USGS quad, <u>Handheld GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE 1/4 NW 1/4 Sec 13</u> <u>Twn 10N</u> <u>Rng 8E</u>
Telephone No. <u>(601) 267-5204</u>	Distance Direction Nearest Town <u>1.3</u> Miles <u>NE</u> of <u>Free trade</u>

**Well / Borehole Data**

Date drilling started: 4-8-09 Date drilling completed: 4-8-09 Hole depth: 125 Hole diameter: 4"

Location of the source of any surface water used for drilling: State

Method of dosing and volume of Chlorine used in drilling and development: 1 lb water / 1 lb well

Logs run (circle all applicable): No log run 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: Cattle

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

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 4-8-09

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

Well depth: 125 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 115 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .010 inches Setting depth: From 115 feet to 125 feet

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

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

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

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

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# 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)

County: Leake  
 Permit #: \_\_\_\_\_  
 Driller: Thomas Drilling  
 Date completed: 4-9-09  
*Copy information from block on Part 1.*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: L-62  
 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**

Owner Name: GARY WINSTEAD  
 Mailing Address: 116 Galilee Road  
Carthage MS 39051  
 City State Zip Code  
 Telephone No. (601) 2427-5284

**Well Location**

Latitude: 32°43.055 Longitude: 89°25.816  
 Method of Lat/Long (check one): Conventional Survey \_\_\_\_\_  
 USGS quad \_\_\_\_\_ Hand-held GPS  Survey-grade GPS \_\_\_\_\_  
 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Sec 13 T 10N R 8E  
 Distance Direction Nearest Town  
1.5 Miles NW of Free Trade

**Pump Type**  
Circle one

Air Lift Jet  Submersible  
 Bucket Piston Turbine  
 Centrifugal Rotary Flowing Well  
 Other (specify): \_\_\_\_\_  
 Date Pump Installed: 4-9-09  
 Rated Pump Capacity: 19 Gallons Per Minute

**Power Type**  
Circle one

Diesel Engine Gasoline Engine Natural Gas  
 Electric Motor Hand Tractor PTO  
 Windmill Other (specify): \_\_\_\_\_  
 Horse Power Rating of Motor: 1  
 Setting Depth: 80 feet  
 Number of Stages: 11

**Pump Test Data**

Date Well Tested: 4-9-09  
 Static Water Level (A): 50 Feet Below Land Surface  
 Pumping Water Level (B): 60 Feet Below Land Surface  
 Drawdown [(B) - (A)]: 10 Feet Below Land Surface  
 Test Pumping Rate: 25 Gallons Per Minute  
 Duration of Pump Test (minimum 4 hours): 1 hours

**Method of Measuring Water Level**  
Circle one

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

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 of Pump Installer  
 Form: OLWR-SWR-1B (04/08)

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