

087

County: Lowndes
 Permit #: GW-16580
 Driller: Donald Smith Co
 Date drilling completed: 8/30/10

State Well Report
Part 1 - Driller's 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 #: B65
 L. S. Elevation: 328
 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>Caledonia, Town of</u>	Latitude: <u>33° 39' 38" N</u> Longitude: <u>88° 20' 27" W</u>
Mailing Address: <u>101 Main St</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
<u>Caledonia MS 39740</u> City State Zip Code	<u>SE 1/4 NW 1/4 Sec 20 Twn 16S Rng 17W</u>
Telephone No. <u>(662) 356-4117</u>	Distance Direction Nearest Town <u>2 Miles South of Caledonia</u>

Well / Borehole Data

Date drilling started: 5/25/10 Date drilling completed: 8/30/10 Hole depth: 825' Hole diameter: 17 1/2"

Location of the source of any surface water used for drilling: Public Supply
 Method of dosing and volume of Chlorine used in drilling and development: Potable water used

Logs run (circle all applicable): No log run (Electric) Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): MS Office of Geology

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: _____

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

Static Water Level: 127 feet above or below (circle one) land surface Date measured: 8/16/10

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

Well depth: 760' Well grouted to a depth of 655 feet Type of grout (circle one): (Neat Cement) Bentonite Mix

Casing length: 655 feet Casing diameter: 12 inches Type of casing: Steel

Screen length: 100 feet Screen diameter: 8 inches Type of screen: SS

Screen slot size: .025 inches Setting depth: From 660 feet to 760 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*

MSDH # 0440002-05

RECEIVED

Form: OLWR-SWR-1A

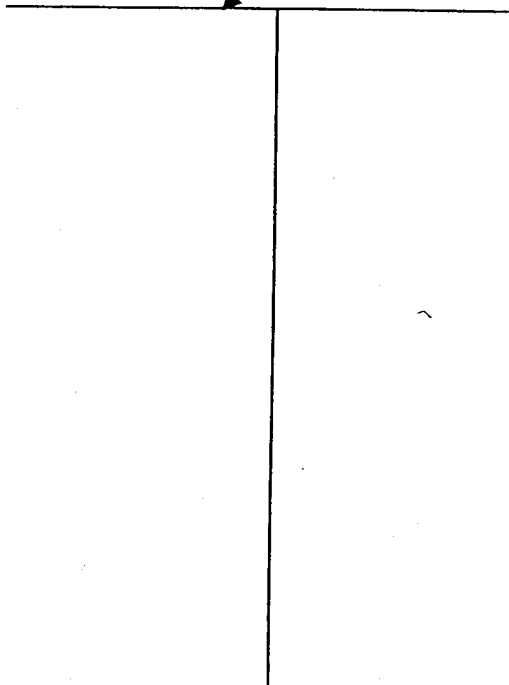
OCT 14 2010

BY: OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level \longrightarrow



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	
Red Clay, Sand, Gravel	0	7
Large Gravel	7	80
Pea Gravel + Sand	80	120
Wash Gravel, Pea Gravel, Sand	120	140
Rock @ 55' 1 1/2"		
Rock @ 140' 6"		

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.

RECEIVED
OCT 14 2010
BY: OLWR

Landowner Name: _____

Form: OLWR-SWR-1A

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.

Donald Smith 0-767 10/12/10 Donald Smith
Print Name of Responsible Licensee and License No. Date Signature of Licensee

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: Lauderdale
Permit # GN 10580
Driller: Donald Smith Co
Date completed: 11/11/11
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
Well #: B605
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>Caledonia Town of</u>	Latitude: <u>33 39 38N</u> Longitude: <u>88 20 27W</u>
Mailing Address: <u>101 Main St</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Caledonia, MS 39740</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 NW 1/4 Sec 20 T16S R17W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>2 Miles South of Caledonia</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>50</u>
Date Pump Installed: <u>10/15/10</u>	Setting Depth: <u>210</u> feet
Rated Pump Capacity: <u>500</u> Gallons Per Minute	Number of Stages: <u>6</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12/01/10</u>	<u>Air Line</u> Electric Measuring Line Steel Tape
Static Water Level (A): <u>135</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>140'8"</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>5'8"</u> Feet Below Land Surface	Well yielded <u>560</u> GPM with a drawdown of
Test Pumping Rate: <u>560</u> Gallons Per Minute	<u>5'8"</u> feet after <u>25</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>25</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Donald Smith 0767
Print Name of Pump Installer and License No. (if applicable)

Donald Smith
Signature of Pump Installer

MSDH# 0440002-05

Form: OLWR-SWR-1B



GW-16580
Town of Caledonia
B-65 Lowndes Co

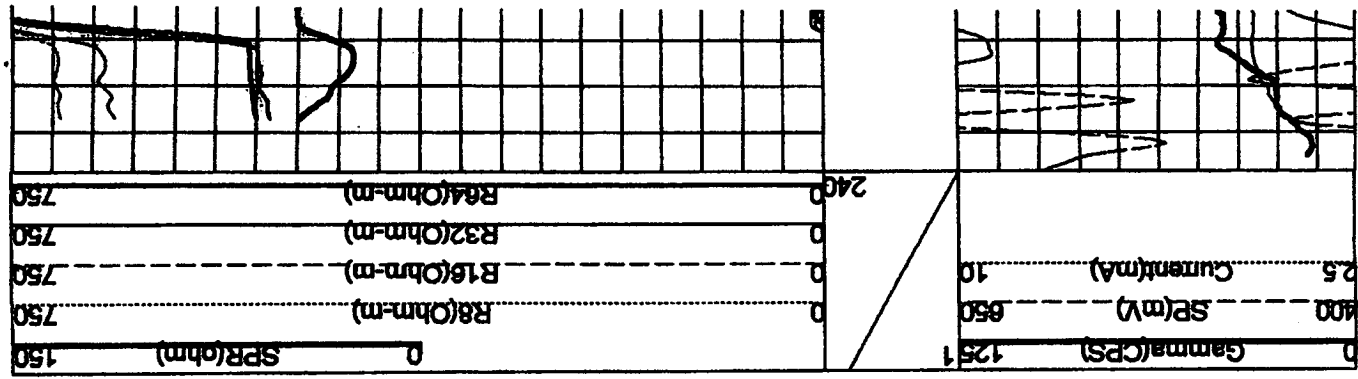
8775 Wolfe Rd
Columbus, Mississippi
Street View - Apr 2013



Image capture: Apr 2013 © 2015 Google

GW - 16580
Town of Caledonia
B-65 Laundry Co

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Mississippi Office of Geology

GN 16580

USD# 0440002-05

COMPANY Donald Smith Company, Inc.

CLIENT Town of Caledonia

WELL ID Th #1 ; Well #2

COUNTY Lowndes

STATE MS

LOCATION

MDEQ E-Log#



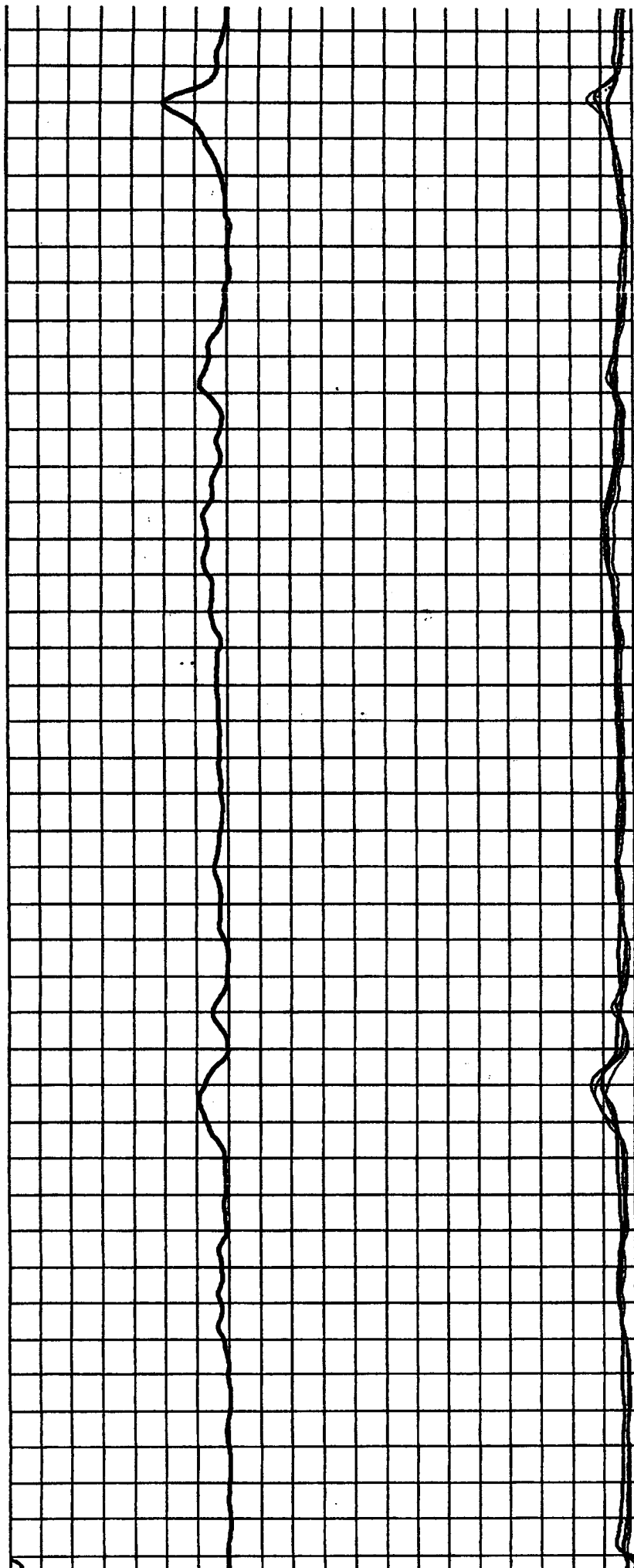
33 39 38N / 88 20 27W ***GPS***
SE SE SE NW

B-0065

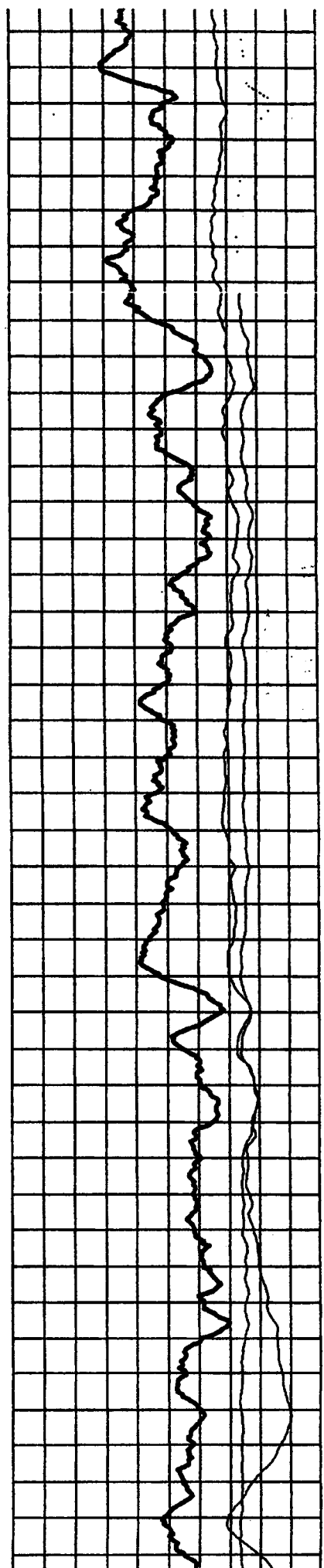
PERMANENT DATUM	MSL	SEC	TWP	RGE	ELEVATION	K.B.	
LOG MEAS. FROM	Ground Level	11T. 20	16S	17W	327' t	D.F.	
DRELLING MEAS. FROM	Ground Level					G.L.	327' t
DATE	15 June 2010	Log Spliced at					
RUN No	1	Digital File Name					
TYPE LOG	GR_SP_SPR_Cur_R8-R64	MOG File #					
DEPTH-DRILLER	825'	caledonia12.smith.rd					
DEPTH-LOGGER	817'	Lowndes0065					
GEOLOGIST							
ENGINEER	Calvert - Spreading						
DRILLER	Stanley Walls						
RECORDED BY	McKenzie/McKinnon						
WITNESSED BY	Richard Murphy						

BOREHOLE RECORD			CASINO RECORD				
RUN NO.	BIT	FROM	TO	SIZE	WGT.	FROM	TO
2	9 7/8"	30'	825'	20.0"	Steel	0'	30'
			E1.D523087B0065A				
			E1.D123087B0065B				

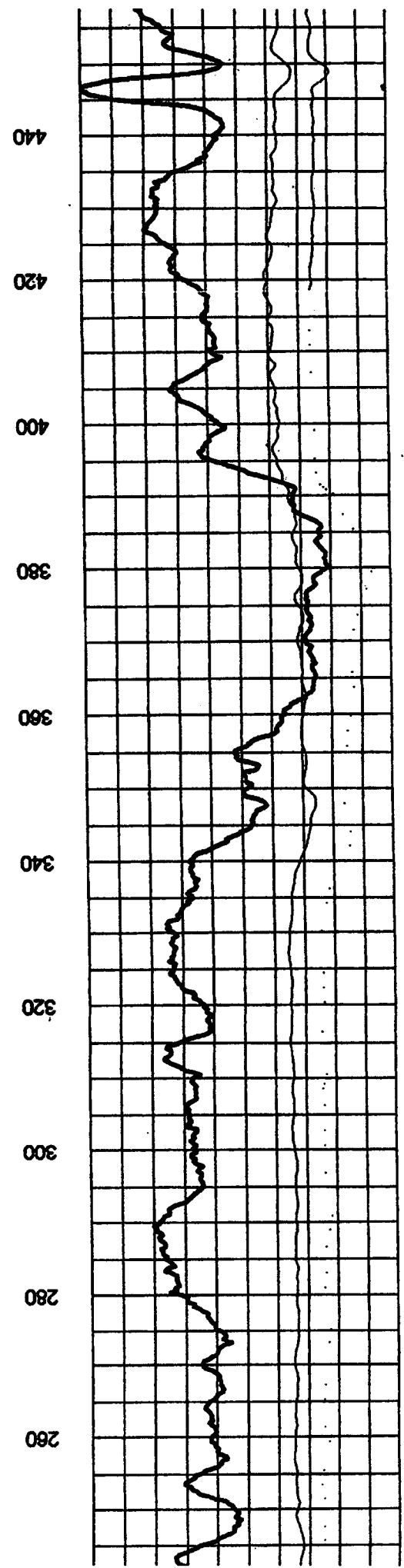
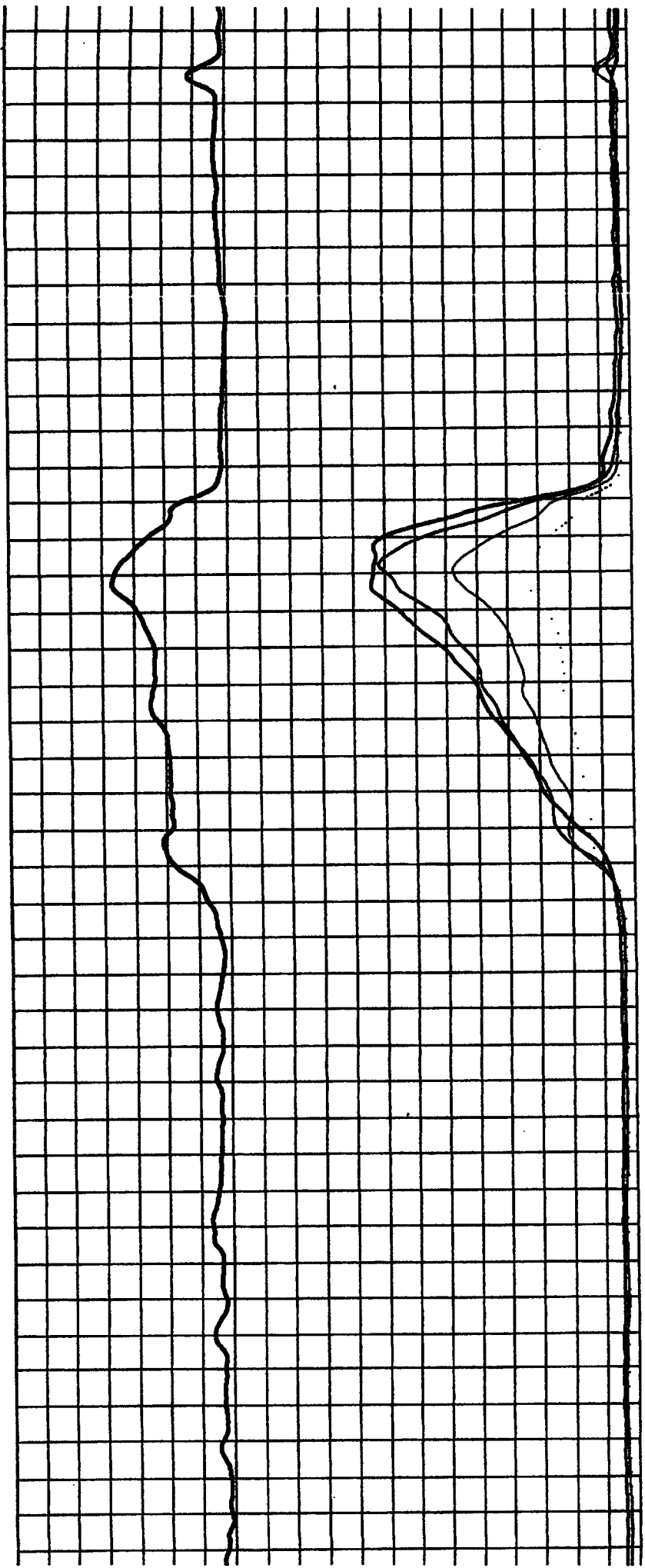
32



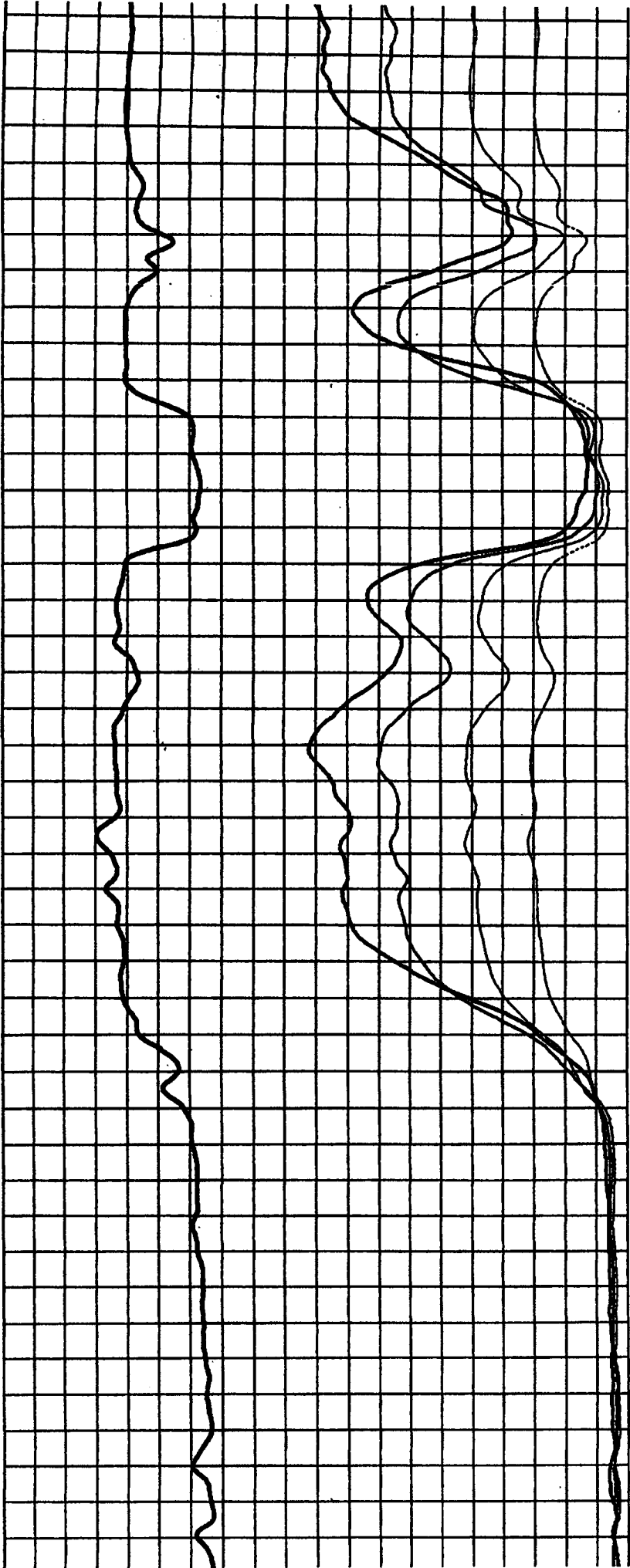
220
200
180
160
140
120
100
80
60
40



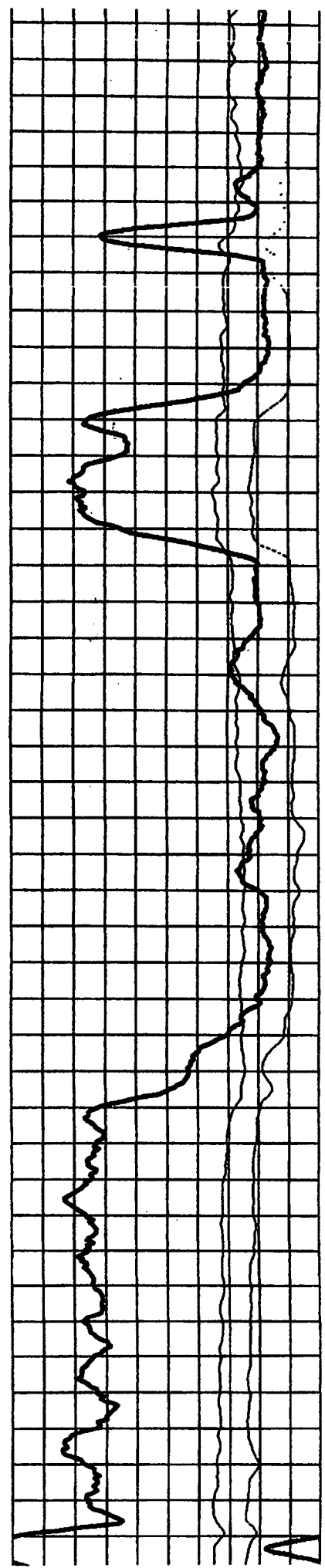
135



35 x



660
640
620
600
580
560
540
520
500
480



35

