

County: MARSHALL  
 Permit #: \_\_\_\_\_  
 Driller: FRANK FOR D  
 Date drilling completed: 2/21/09

### 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 #: 5-54  
 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	Well Location
Owner Name: <u>THOMAS</u>	Latitude: <u>34° 35' 57"</u> Longitude: <u>89° 28' 57"</u>
Mailing Address: <u>WATERFORD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>WATERFORD MS</u> City State Zip Code	<u>SW 1/4 SE 1/4 Sec 35 Twn 30 Rng 55</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>1</u> Miles <u>N</u> of <u>HWY 310</u>

**Well Data**

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

Date well drilling started: 2/19/09 Date well drilling completed: 2-21-09

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 2-21-09

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

Hole depth: 160 Well depth: 160 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 20 feet Casing diameter: 4 inches Type of casing: PVC

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

Screen slot size: .015 inches Setting depth: From 150 feet to 160 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.

FRANK FOR D 0-622 Frank Langford  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.



5-54

# STATE WELL REPORT

## Part 2

### Pump Installer's Completion Report

County MARSHALL  
 Permit # \_\_\_\_\_  
 District F LANGFORD  
 Date completed 2-21-08

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10073  
 Jackson, MS 39289-0631  
 (601) 961-5216  
 (601) 354-6938 (fax)

For Office Use Only  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 Thomas  
 Mailing Address WATERFORD  
WATERFORD MS  
 City State Zip Code  
 Telephone No. \_\_\_\_\_

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Method of Lat Long (circle one)  Conventional Survey  
 USGS quad  Hand-held GPS  Survey-grade GPS  
 \_\_\_\_\_ 35 Sec Town 3W Rng 5 S  
 Distance \_\_\_\_\_ Direction \_\_\_\_\_ Nearest Town \_\_\_\_\_  
1 Miles N of hwy 310

#### Pump Type

Circle one

#### Power Type

Circle one

Jet	<input type="checkbox"/>	<input checked="" type="checkbox"/> Submersible	Diesel Engine	<input type="checkbox"/>	<input checked="" type="checkbox"/> Gasoline Engine
Bucket	<input type="checkbox"/>	<input type="checkbox"/> Turbine	<input checked="" type="checkbox"/> Electric Motor	<input type="checkbox"/> Hand	<input type="checkbox"/> Tractor PTO
Centrifugal	<input type="checkbox"/>	<input type="checkbox"/> Rotary	<input type="checkbox"/> Windmill	<input type="checkbox"/> Other (specify) _____	
Other (specify) _____		Horse Power Rating of Motor _____			

Date Pump Installed 2-21-08 Siting Depth 120 feet  
 Rated Pump Capacity 12 Gallons Per Minute Number of Stages 12

#### Pump Test Data

#### Method of Measuring Water Level

Circle one

Date Well Tested 2-21-08  
 Static Water Level (A) 60 Feet Below Land Surface  
 Pumping Water Level (B) 90 Feet Below Land Surface  
 Drawdown (B)-(A) 0 Feet Below Land Surface  
 Test Pumping Rate 15 Gallons Per Minute Well yielded 15 GPM with a drawdown of \_\_\_\_\_  
 Duration of Pump Test (minimum 4 hours) 4 hours \_\_\_\_\_ feet for 4 hours of pumping

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

FRANK LANGFORD 0-622  
 Print Name of Pump Installer and License No. (if applicable)

Frank Langford  
 Signature of Pump Installer