

State Well Report

Part 1

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 #: M-105
L. S. Elevation: _____
E-log #: _____

County: Pike
Permit #: _____
Driller: J.C. Sumrall
Date drilling completed: 8/24/06

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>Steve Caldwell</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>5022 Silver Dr. McCombs, MS</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | _____ 1/4 _____ 1/4 Sec <u>22</u> Twn <u>1m</u> Rng <u>9E</u> |
| Telephone No. (_____) _____ | Distance _____ Direction _____ Nearest Town _____ <u>8</u> Miles <u>SE</u> of <u>Magnolia MS</u> |

Well Data

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

Date well drilling started: 8/24/06 Date well drilling completed: 8/24/06

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

Static Water Level: 75 feet above or below (circle one) land surface Date measured: 8/24/06

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

Hole depth: 104 Well depth: 104 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 94 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 94 feet to 104 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

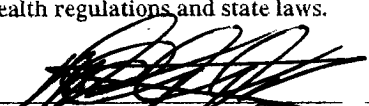
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

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.

Jordan Well Ser. 0-508

Print Name of Water Well Contractor and License No.


Signature of Water Well Contractor

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SEP 19 2006

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 #: M-105

Elevation: _____

County: Pike

Permit #: _____

Driller: J.C. Sumrall

Date completed: 8/24/06

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

| Well Owner Information | Well Location |
|--|---|
| Owner Name: <u>Steve Caldwell</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>5022 Silver Dr. McComb, MS</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| City _____ State _____ Zip Code _____ | _____ 1/4 _____ 1/4 Sec <u>22</u> Twn <u>1N</u> Rng <u>9E</u> |
| Telephone No. (____) _____ | Distance _____ Direction _____ Nearest Town _____ |
| | <u>8</u> Miles <u>SE</u> of <u>MAGNOLIA</u> |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift _____ Jet _____ <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>1/2</u> |
| Date Pump Installed: <u>8/24/06</u> | Setting Depth: <u>100</u> feet |
| Rated Pump Capacity: <u>10</u> Gallons Per Minute | Number of Stages: <u>8</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: <u>8/24/06</u> | Air Line _____ Electric Measuring Line _____ <u>Steel Tape</u> |
| Static Water Level (A): <u>75</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): _____ Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: _____ Feet Below Land Surface | Well yielded <u>10</u> GPM with a drawdown of _____ feet after <u>4</u> hours of pumping |
| Test Pumping Rate: <u>10</u> Gallons Per Minute | |
| Duration of Pump Test (minimum 4 hours): <u>4</u> hours | |

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

Jordan Well Ser. 0-508
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

RECEIVED

SEP 19 2006

BY: OLWR