

# Well Driller Report and Well Log

County: TAM  
 Permit #: \_\_\_\_\_  
 Driller: R Langford  
 Date drilling completed: 5-22-05

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)

Aquifer: \_\_\_\_\_  
 Well #: A-71  
 U.S. Location: \_\_\_\_\_  
 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>Lean HARVEY</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Pickure Rd</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Coldwater MS ?</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>Sec 28 Twn 45 Rng 9W</u>
Telephone No.: _____	Distance Direction Nearest Town
	<u>2 Miles W of ARKABUTLA</u>

### Well Data

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

Date well drilling started: 5-22-05 Date well drilling completed: 5-22-05

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

Static Water Level: 59 feet Below (circle one) above or below land surface Date measured: 5-22-05

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

Hole depth: 90 Well depth: 85 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: 51026 PVC

Screen slot size: .013 inches Setting depth: From 75 feet to 85 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: None 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.

R Langford 0-622  
 Print Name of Water Well Contractor and License No.

Frank Langford  
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths

10-17-05  
 BY: OLWR

Ground Level

Description of Log (Depth in Feet)

A-71

DIRT	0-5
R/SAND	5-10
Brown SAND	10-20
R/GRAVEL	
SAND	20-60
SMALL GRAVEL + SAND	60-90

If more than one section, 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) indicate direction.

Landowner Name: LEON HARVEY

Frank Lombard  
Signature of Water Well Contractor

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JUN 03 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

Acquifer: \_\_\_\_\_  
Well #: A-71  
Elevation: \_\_\_\_\_

County: TATE  
Permit #: \_\_\_\_\_  
Driller: Frank Langford  
Date completed: 5-27-05

**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>LEON HARVEY</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Prichard Rd</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>ARKADETA</u>	USGS quad. Hand-held GPS, Survey-grade GPS
<u>Coldwater MS ?</u>	1/4 _____ 1/4 _____ Sec <u>28</u> Twn <u>49</u> Rng <u>9W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( _____ )	<u>2</u> Miles <u>W</u> of <u>ARKADETA</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>5-27-05</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-27-05</u>	Air Line Electric Measuring Line <u>Steel Tape</u> <input checked="" type="radio"/>
Static Water Level (A): <u>65</u> Feet <u>Below Land Surface</u>	Other (specify): <u>6 feet (B-1) on 5745</u>
Pumping Water Level (B): <u>55</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>60</u> Feet <u>Below Land Surface</u>	Well yielded <u>15</u> GPM with a drawdown of _____
Test Pumping Rate: <u>45</u> Gallons Per Minute	<u>5</u> feet after <u>4 1/2</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4 1/2</u> hours	

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

FRANK LANGFORD 0-612  
Print Name of Pump Installer and License No. (if applicable)

Frank Langford RECEIVED  
Signature of Pump Installer JUN 5 2005

BY: OLWA