

County: Desoto 033  
 Permit #: \_\_\_\_\_  
 Driller: Frank Langford  
 Date drilling completed: 2-28-05

**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 #: E-85  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

*Langford Drilling*

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>Daniel Cain</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>DEAN RD</u> <u>NO 911 YET</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>RUDERT</u> <u>MS</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>35</u> Twn <u>25</u> Rng <u>9W</u>
Telephone No. (____) _____	Distance Direction Nearest Town _____ Miles _____ of _____

**Well Data**

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

Date well drilling started: 2-28-05 Date well drilling completed: \_\_\_\_\_

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

Static Water Level: 30 feet above or below (circle one) land surface Date measured: 2-28-05

Method of Measurement (circle one) steel tape electric tape air line other: STEEL BATH OR STRIPS

Hole depth: 115 Well depth: 103 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: 20 feet Screen diameter: 4 inches Type of screen: 910726 PVC

Screen slot size: .013 inches Setting depth: From 83 feet to 103 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 Langford 0-622  
 Print Name of Water Well Contractor and License No.

*Frank Langford* RECEIVED  
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths. ↙

MAR 25 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:

Aquifer: \_\_\_\_\_  
Well #: E-85  
Elevation: \_\_\_\_\_

County: DESOUE  
Permit #: \_\_\_\_\_  
Driller: R LANGFORD  
Date completed: 2-29-05

**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>DAVID CAIN</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>DEAN RD</u> <u>NO 911 YET</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>EUCLAIR MS</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>35</u> Twn <u>29</u> Rng <u>9W</u>
Telephone No. (_____) _____	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

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>3/4</u>
Date Pump Installed: <u>2-28-05</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>2-28-05</u>	Air Line      Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>70</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>70</u> Feet Below Land Surface <u>DRAW DOWN NOT</u>	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>70</u> Feet Below Land Surface	Well yielded <u>10</u> GPM with a drawdown of <u>40</u> feet after <u>1 1/2</u> hours of pumping
Test Pumping Rate: <u>12</u> Gallons Per Minute	
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      C-622  
Print Name of Pump Installer and License No. (if applicable)

Frank Langford  
Signature of Pump Installer

**RECEIVED**

MAR 25 2005

**BY: OLWR**