

County: Desoto  
 Permit #: \_\_\_\_\_  
 Driller: Frankford  
 Date drilling completed: 8-1-06

### 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 #: H-171  
 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>Tedd Felwood</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>JAMES TOWN LAND</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Byhalia</u> MS City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. (____) _____	_____ 1/4 _____ 1/4 Sec <u>30</u> Twn <u>2 S</u> Rng <u>5 W</u>
	Distance Direction Nearest Town <u>2</u> Miles <u>S</u> of <u>JAMES TOWN</u>

**Well Data**

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

Date well drilling started: 8-1-06 Date well drilling completed: 8-1-06

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

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 8-1-06

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

Hole depth: 150 Well depth: 150 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: slotted PVC

Screen slot size: 0.13 inches Setting depth: From 140 feet to 150 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.

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

Frankford  
 Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.



**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 #: H-171  
Elevation: \_\_\_\_\_

County: DE SOTO  
Permit #: \_\_\_\_\_  
Driller: FRANK LANGFORD  
Date completed: 8-1-06

**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>Todd Feiwel</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>JAMES TOWN LN LOT 2</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>BYHAMMS</u> City State Zip Code	<u>1/4 1/4 Sec 30 Twn 25 Rng 5W</u>
Telephone No. (____) _____	Distance Direction Nearest Town <u>2 Miles S of English Mills</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>3/4</u>
Date Pump Installed: <u>8-1-06</u>	Setting Depth: <u>80'</u> feet
Rated Pump Capacity: <u>15+</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-1-06</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>90</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>95</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	Well yielded <u>15+</u> GPM with a drawdown of <u>5</u> feet after <u>4</u> hours of pumping
Test Pumping Rate: <u>15+</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.

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

**RECEIVED**  
Frank Langford  
Signature of Pump Installer  
**AUG 24 2006**

**BY: OLWR**