

County: DESOTO  
 Permit #: \_\_\_\_\_  
 Driller: F LANGFORD  
 Date drilling completed: 12-6-07

**Weil 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-203  
 I. 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>HOLLAWAY</u>          | Latitude: _____ Longitude: _____                            |
| Mailing Address: <u>Red BANKS Rd</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>EVANHA</u> MS                     | USGS quad, Hand-held GPS, Survey-grade GPS                  |
| City State Zip Code                  | <u>1/4 1/4 Sec 32 Twn 29 Rng 9W</u>                         |
| Telephone No. ( ) _____              | Distance Direction Nearest Town                             |
|                                      | <u>2 Miles S of FARMHALL Mill</u>                           |
|                                      | <u>RT 01878 - Red BANKS Rd</u>                              |

**Well Data**

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

Date well drilling started: 12-1-07 Date well drilling completed: 12-6-07

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 12-6-07

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

Hole depth: 170 Well depth: 170 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: 1/3 inches Setting depth: From 160 feet to 170 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  
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

# STATE WATER 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:

Appurtenant:

Well #: M-203

Elevation: \_\_\_\_\_

County: DeSoto  
 Permit #: \_\_\_\_\_  
 Driller: F Langford  
 Date completed: 12-6-07  
 Copy information from block on Part 1

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

| Well Owner Information                   | Well Location                                                                           |
|------------------------------------------|-----------------------------------------------------------------------------------------|
| Owner Name: <u>HOLLAWAY</u>              | Latitude: _____ Longitude: _____                                                        |
| Mailing Address: <u>Red BANKS Rd</u>     | Method of Lat/Long (check one): <u>Conventional Survey</u>                              |
| <u>BYHAMIA MS</u>                        | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____                            |
| City: _____ State: _____ Zip Code: _____ | _____ 1/4 _____ 1/4 sec: <u>32 12 S R 5 W</u>                                           |
| Telephone No. (____) _____               | Distance _____ Direction _____ Nearest Town _____                                       |
|                                          | <u>2</u> Miles <u>S</u> of <u>BYHAMIA Mill</u><br><u>at the 78th Ave + Red BANKS Rd</u> |

| Pump Type                                                                          | Power Type                                                                                                           |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| Air Lift: Jet <input type="checkbox"/> <u>Submersible</u>                          | Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> |
| Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/>           | <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>    |
| Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> | Windmill <input type="checkbox"/> Other (specify): _____                                                             |
| Other (specify): _____                                                             | Horse Power Rating of Motor: <u>3/4</u>                                                                              |
| Date Pump Installed: <u>12-6-07</u>                                                | Setting Depth: <u>140</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                                                                      |
|------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Date Well Tested: <u>12-6-07</u>                           | Circle one                                                                                           |
| Static Water Level (A): <u>60</u> Feet Below Land Surface  | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> |
| Pumping Water Level (B): <u>60</u> Feet Below Land Surface | Other (specify): _____                                                                               |
| Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface     | For flowing well, measured shut in head: _____ feet                                                  |
| Test Pumping Rate: <u>15</u> Gallons Per Minute            | Well yielded <u>157</u> GPM with a drawdown of                                                       |
| Duration of Pump Test (minimum 4 hours): <u>4</u> hours    | <u>0</u> feet after <u>4</u> hours of pumping                                                        |

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

Frank Langford 0-622 Frank Langford  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

