

County: Jesse T. E.  
 Permit #: \_\_\_\_\_  
 Name: FRANK LANGFORD  
 Date drilling completed: 9-6-07

**Well Driller Report and Well Log**

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10651  
 Jackson, MS 39289-0651  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: U-115  
 E.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>ADAMS</u>	Latitude: <u>34.50</u> - <u>37</u>	Longitude: <u>89.54</u> - <u>17</u>	
Mailing Address: <u>1133 WRIGHTS HEIGHTS WALK</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>Meridian, MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
City: _____ State: _____ Zip Code: _____	<u>NE 1/4 NE 1/4 Sec 11 Twp 3 S Rng 7 W</u>		
Telephone No. ( ) _____	Distance: <u>5</u> Miles	Direction: <u>NW</u>	Nearest Town: <u>Meridian</u>

**Well Data**

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

Date well drilling started: 9-2-07 Date well drilling completed: 9-6-07

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

Static Water Level: 100 feet above or below (circle one) land surface Date measured: 9-6-07

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

Hole depth: 220 Well depth: 220 Well grouted to a depth of 10

Type of grout (circle one): Cement Bedstone Mix

Casing length: 20 feet Casing diameter: 4 inches Type of casing: DR

Screen length: 10 feet Screen diameter: 4 inches Type of screen: SLOTED METAL

Screen slot size: .013 inches Setting depth: From 210 feet to 220 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.

FRANK LANGFORD 0-622 Frank Langford  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well is a large pipe, show diameter and show depth.

# 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)

County: DeSoto  
 Permit #: \_\_\_\_\_  
 Driller: E Langford  
 Date completed: 9-6-07  
 Copy information from block on Part 1

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: L-115  
 Elevation: \_\_\_\_\_

*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>Adams</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Bright Heights</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Herndon</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>1/4 1/4 Sec 11 T35 R2W</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	<u>5 Miles NE of Herndon</u>

Pump Type Circle one	Power Type Circle one
Air Lin _____	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Jet _____	Electric Motor _____ Hand _____ Tractor PTO _____
Reciproc _____	Windmill _____ Other (specify) _____
Piston _____	
Centrifugal _____	
Rotary _____	
Flowing Well _____	
Other (specify) _____	
Date Pump Installed: <u>9-6-07</u>	Horse Power Rating of Motor: <u>1 1/2</u>
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Setting Depth: <u>160</u>
	Number of Stages: <u>12</u>

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 BY: OLWR

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-6-07</u>	Air Line _____ Electric Measuring Line _____ <u>Steel Tape</u>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify) _____
Pumping Water Level (B): <u>100</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>20+</u> GPM with a drawdown of
Test Pumping Rate: <u>20</u> Gallons Per Minute	<u>5</u> feet after <u>4</u> hours of pumping
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      Frank Langford  
 Print Name of Pump Installer and License No. (if available)      Signature of Pump Installer

