

County: DeSoto  
Permit #: \_\_\_\_\_  
Driller: Frankford  
Date drilling completed: 7-4-06

## 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 #: M-190  
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>Duke K</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>SMITH AK</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>BERNARD</u> <u>MS</u>	_____ 1/4 _____ 1/4 Sec <u>30</u> Twn <u>35</u> Rng <u>6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( )	<u>5</u> Miles <u>E</u> of <u>BERNARD</u>

Well Data	
Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>7-4-06</u>	Date well drilling completed: <u>7-4-06</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>60</u> feet above or below (circle one) land surface	Date measured: <u>7-4-06</u>
Method of Measurement (circle one): <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>130</u> Well depth: <u>130</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>20</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVR</u>	
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>510T-10V2</u>	
Screen slot size: <u>.013</u> inches Setting depth: From <u>120</u> feet to <u>130</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>	
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): <u>No log run</u> 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.	
<u>Frank Langford</u> <u>0-622</u>	<u>Frank Langford</u>
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

*Frank Longenecker*  
Signature of Water Well Contractor

# STATE WELL REPORT

## Part 2

### Pump Installer's Completion Report

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
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Aquifer: \_\_\_\_\_  
Well #: M-190  
Elevation: \_\_\_\_\_

County: DE SOTO  
Permit #: \_\_\_\_\_  
Driller: FRANK LANGFORD  
Date completed: 7-4-06

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

Owner Name: BAKER  
Mailing Address: GMITT R L  
HERNANDO MS  
City State Zip Code  
Telephone No. ( ) \_\_\_\_\_

#### Well Location

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
Method of Lat/Long (circle one): Conventional Survey,  
USGS quad, Hand-held GPS, Survey-grade GPS  
\_\_\_\_ 1/4 \_\_\_\_ 1/4 Sec 30 Twn 35 Rng 6W  
Distance Direction Nearest Town  
5 Miles SE of HERNANDO

#### Pump Type Circle one

Air Lift Jet Submersible  
Bucket Piston Turbine  
Centrifugal Rotary Flowing Well

Other (specify): \_\_\_\_\_

Date Pump Installed: 7-4-06

Rated Pump Capacity: 154 Gallons Per Minute

#### Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas  
Electric Motor Hand Tractor PTO  
Windmill Other (specify): \_\_\_\_\_

Horse Power Rating of Motor: 3/4

Setting Depth: 80 feet

Number of Stages: 12

#### Pump Test Data

Date Well Tested: 7-4-06  
Static Water Level (A): 50 Feet Below Land Surface  
Pumping Water Level (B): 50 Feet Below Land Surface  
Drawdown [(B) - (A)]: 0 Feet Below Land Surface  
Test Pumping Rate: 154 Gallons Per Minute  
Duration of Pump Test (minimum 4 hours): 4 hours

#### Method of Measuring Water Level Circle one

Air Line Electric Measuring Line Steel Tape  
Other (specify): \_\_\_\_\_

For flowing well, measured shut in head: RECEIVED  
Well yielded 154 GPM with a drawdown of 0 feet after 4 hours of pumping  
JUL 20 2006  
BY OLWR

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)

Frank Langford  
Signature of Pump Installer