

County: DeSoto  
 Permit #: \_\_\_\_\_  
 Driller: F Langford  
 Date drilling completed: 10-3-06

**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-203  
 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>ABERNATHY</u>            | Latitude: _____ Longitude: _____                                |
| Mailing Address: <u>5957 TRINITY RD</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u>     |
| <u>DeRidder</u> MS                      | USGS quad, Hand-held GPS, Survey-grade GPS                      |
| City State Zip Code                     | <u>1/4</u> <u>1/4</u> Sec <u>35</u> Twn <u>39</u> Rng <u>6W</u> |
| Telephone No. ( ) _____                 | Distance Direction Nearest Town                                 |
|   | <u>2</u> Miles <u>S</u> of <u>COCKRUM</u>                       |

**Well Data**

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

Date well drilling started: 10-3-06 Date well drilling completed: 10-3-06

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 10-3-06

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

Hole depth: 160 Well depth: 160 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: 5107ed PVC

Screen slot size: .010 inches Setting depth: From 150 feet to 160 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 C-622 Frank Langford  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED  
 OCT 13 2006  
 BY: OLWR

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

County DESO TO  
Permit # \_\_\_\_\_  
Driller FRANK LANGFORD  
Date completed 10-3-06

Well No. M-203  
Date \_\_\_\_\_

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>ABERNATHY</u>            | Latitude _____ Longitude _____                              |
| Mailing Address: <u>5957 TRINITY ST</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>NERNAB MS</u>                        | USGS quad. <u>Hand-held GPS</u> , <u>Survey-grade GPS</u>   |
| City _____ State _____ Zip Code _____   | 1/4 _____ 1/4 Sec <u>35</u> Twn <u>3 S</u> Rng <u>6 W</u>   |
| Telephone No. (_____) _____             | Distance _____ Direction _____ Nearest Town _____           |
|   | <u>2</u> Miles <u>S</u> of <u>Cock Run</u>                  |

| Pump Type<br>Circle one                            | Power Type<br>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>10-3-06</u>                | Setting Depth <u>120</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<br>Circle one                  |
|---|--|
| Date Well Tested: <u>10-3-06</u>                          | Air Line _____ Electric Measuring Line _____ <u>Steel Tape</u> |
| Static Water Level (A) <u>80</u> Feet Below Land Surface  | Other (specify) _____  |
| Pumping Water Level (B) <u>80</u> Feet Below Land Surface | For flowing well, measured shut in head _____ feet             |
| Drawdown [(B) - (A)] <u>0</u> Feet Below Land Surface     | Well yielded <u>15+</u> GPM with a drawdown of _____           |
| Test Pumping Rate: <u>15+</u> Gallons Per Minute          | _____ 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 RECEIVED  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer OCT 13 2006  
BY: OLWR

