

County: LAFAYETTE
 Permit #: _____
 Driller: F LANGFORD
 Date drilling completed: 11-2-05

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 #: A-50
 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>Phil Towne</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>1044 SIS CARE</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>HARMON TOWN</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>OXFORD MS</u> | _____ 1/4 _____ 1/4 Sec <u>20</u> Twn <u>6 S</u> Rng <u>14 W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. (____) _____ | <u>2</u> Miles <u>W</u> of <u>HARMON TOWN</u> |

Well Data

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

Date well drilling started: 11-1-05 Date well drilling completed: 11-2-05

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

Static Water Level: 140 feet above or below (circle one) land surface Date measured: 11-2-05

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

Hole depth: 190 Well depth: 190 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 180 feet to 190 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.

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

RECEIVED
 DEC 05 2005
Frank Langford
 Signature of Water Well Contractor **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:

Aquifer: _____
Well #: A-50
Elevation: _____

County: LAFAYETTE
Permit #: _____
Driller: R LANGFORD
Date completed: 11-2-09

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>Phil Towne</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u> Hwy 00 Rd #515</u> <u> WARMON TOWN</u> <u> Oxford MS</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS |
| City _____ State _____ Zip Code _____ | _____ 1/4 _____ 1/4 Sec <u>20</u> Twn <u>65</u> Rng <u>4W</u> |
| Telephone No. (____) _____ | Distance _____ Direction _____ Nearest Town _____ |
| | <u>2</u> Miles <u>W</u> of <u>WARMON TOWN</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>11-2-09</u> | Setting Depth: <u>170</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 Circle one |
|---|---|
| Date Well Tested: <u>11-2-09</u> | Air Line Electric Measuring Line <u>Steel Tape</u> |
| Static Water Level (A): <u>170</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>170</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>None</u> Feet Below Land Surface | Well yielded <u>15+</u> GPM with a drawdown of |
| Test Pumping Rate: <u>15+</u> Gallons Per Minute | <u>None</u> feet after <u>12</u> hours of pumping |
| Duration of Pump Test (minimum 4 hours): <u>12</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 applicable) Signature of Pump Installer

RECEIVED
DEC 05 2005
BY: OLWR

