

County: LAFAYETTE  
 Permit #: \_\_\_\_\_  
 Driller: Billy Langford  
 Date drilling completed: 4-10-09

**State Well Report**  
**Part 1 - Driller's 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-69  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

<p><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>M<sup>r</sup> KENZIE</u>        Mailing Address: <u>BEACH BLVD</u>  <u>NARMON TOWN</u>        City: <u>COMO</u> State: <u>MS</u> Zip Code: _____        Telephone No. (____) _____</p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: _____° _____' _____" Longitude: _____° _____' _____"</p> <p>Method of Lat/Long (circle one): Conventional Survey,        USGS quad, Hand-held GPS, Survey-grade GPS</p> <p>_____ 1/4 _____ 1/4 Sec <u>35</u> Twn <u>65</u> Rng <u>5W</u></p> <p>Distance _____ Direction _____ Nearest Town _____  <u>2</u> Miles <u>E</u> of <u>NARMON TOWN</u></p>
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**Well / Borehole Data**

Date drilling started: 4-10 Date drilling completed: 4-10 Hole depth: 140 Hole diameter: 6 3/4"

Location of the source of any surface water used for drilling: 100m - well  
 Method of dosing and volume of Chlorine used in drilling and development: CLARAX

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
 Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_  
 Seismic Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block*

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

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 4-10-09  
 Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Well depth: 140 Well grouted to a depth of \_\_\_\_\_ feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 20 feet Casing diameter: 4 inches Type of casing: PIPE  
 Screen length: 10 feet Screen diameter: 4 inches Type of screen: SLETED W/  
 Screen slot size: .013 inches Setting depth: From 130 feet to 140 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 next page*

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BY: OLWR

# 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: LAFAYETTE  
 Permit #: \_\_\_\_\_  
 Driller: BILLY LANGFORD  
 Date completed: 4-10-09  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: A-69  
 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>McKENZIE</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Beach Bluff</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>NARADON TOWN</u> City State Zip Code <u>COLO MS</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
Telephone No. (____) _____	Distance Direction Nearest Town <u>2</u> Miles <u>E</u> of <u>NARADON 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: _____
Date Pump Installed: <u>4-10-09</u>	Setting Depth: _____ feet
Rated Pump Capacity: <u>157</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-10-09</u>	Air Line      Electric Measuring Line      Steel Tape
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded <u>157</u> GPM with a drawdown of
Test Pumping Rate: <u>157</u> Gallons Per Minute	<u>10</u> feet after <u>4 1/2</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4 1/2</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

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