

County: LAFAYETTE
 Permit #: _____
 Driller: F LANGFORD
 Date drilling completed: 7-11-06

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 #: E-78
 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>HAROLD NERVLY</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>#9 - CO Rd 113</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS
<u>Oxford</u> MS City State Zip Code	1/4 1/4 Sec <u>26</u> Twn <u>89</u> Rng <u>500</u>
Telephone No. () _____	Distance <u>3</u> Miles <u>NR</u> of <u>CROSSROADS</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
 Date well drilling started: 7-11-06 Date well drilling completed: 7-11-06
 If flowing, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 120 feet above or below (circle one) land surface Date measured: 7-11-06
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Hole depth: 210 Well depth: 210 Well grouted to a depth of 10 feet
 Type of grout (circle one): Cement Bentonite Mix
 Casing length: 200 feet Casing diameter: 4 inches Type of casing: PVE
 Screen length: 10 feet Screen diameter: 4 inches Type of screen: slotted PVE
 Screen slot size: .013 inches Setting depth: From 200 feet to 210 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: _____

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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
 Print Name of Water Well Contractor and License No. Frank Langford
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

E-78

Ground Level

Vertical line for ground level

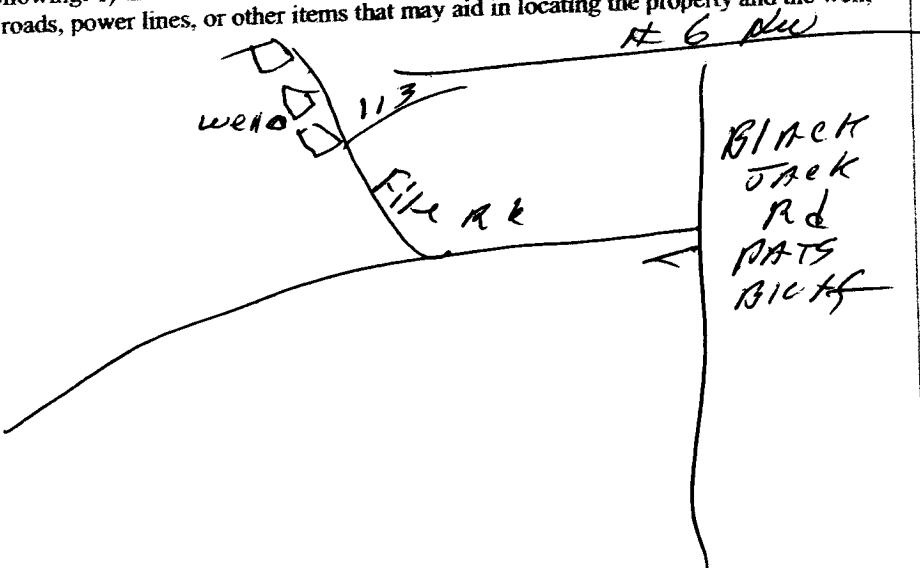
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
DIRT	0	20
D/SAND	20	40
SAND	40	80
w/CLAY/SAND	80	120
DARK CLAY	120	160
COARSE BROWN STN	160	170
w/SAND	170	210

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Landowner Name: HAROLD HERVEY

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Signature of Water Well Contractor (Frank Longenecker)

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 #: E-78
Elevation: _____

County: LAFAYETTE
Permit #: _____
Driller: FRANK LANGFORD
Date completed: 7-11-06

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	Well Location
Owner Name: <u>HAROLD DERRY</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>9- CO RD 113</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS
<u>OXFORD</u> <u>MS</u>	<u>1/4</u> <u>1/4</u> Sec <u>26</u> Twn <u>8 S</u> Rng <u>5 W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>3</u> Miles <u>NE</u> of <u>CROSSROADS</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>7-11-06</u>	Setting Depth: <u>160</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 Circle one
Date Well Tested: <u>7-11-06</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>120</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>120</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>15+</u> GPM with <u>9</u> feet after <u>4</u> hours
Test Pumping Rate: <u>15+</u> Gallons Per Minute	
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
Print Name of Pump Installer and License No. (if applicable)

Frank Langford
Signature of Pump Installer

BY: OLWR

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