County:
Permit #:
Driller: FE LANDFORL
Date drilling completed: 1-3-06

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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 #: F-165			
L. S. Elevation:			
E-log #:			

BY: OLWR

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.	
	Wall Logation

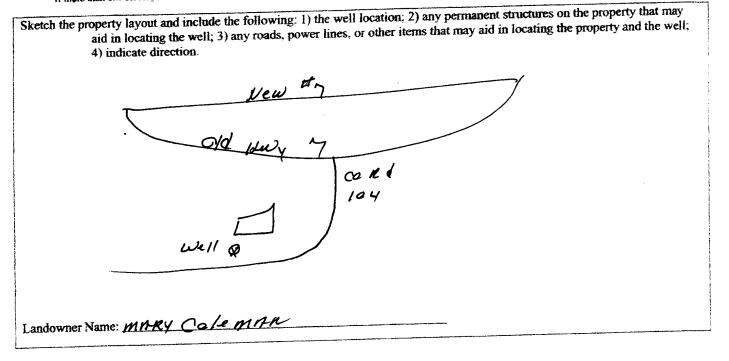
went owner hnormation	WCM LOCATION
Owner Name MARY Cole MAN	Latitude:°" Longitude:°"
Mailing Address: CC A. d 104	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
<u>DIFORD</u> <u>MS</u> City State Zip Code	<u>¼¼ Sec_5Twn_&SRng_J</u>
City State Zip Code	Distance Direction Nearest Town
Well	Data
Purpose of Well (circle one) Home Industrial Public Suppl	y Irrigation Fish Culture Other:
Date well drilling started: <u>1-3-26</u> Da	te well drilling completed: 7 - 3 -0 G
If flowing, method of flow regulation: Valve Othe	
Static Water Level: feet above or below (circle or	ne) land surface Date measured: $1 - 3 - 0 \zeta$
Method of Measurement (circle one) steel tape electric ta	ape air line other:
Hole depth: Well depth:	Well grouted to a depth offeet
Type of grout (circle one): Cement Gentonite M	lix
Casing length:feet Casing diameter:	inches Type of casing:
Screen length: <u>10</u> feet Screen diameter: <u>4</u>	inches Type of screen: <u>sloted PUC</u>
Screen slot size:	m /55 feet to /65 feet
Type of completion (circle all applicable): Gravel packed Un	derreamed Telescoped Open hole Natural Development
Other (describe):	
	f telescoped or more than one screen, describe on back of page
Logs run (circle all applicable): No log run Electric Gamma F	Ray Density Sonic Neutron Other:
Name of organization running log(s):	with all applicable requirements of the Mississippi Department of
Environmental Quality and/or the Mississippi Department of Health regulation	
FRAnk Lyngford 0-622	Frank Jang Don RECEIVED
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

		Description of Formations Encountered	11000	10
Ground Level	[DIRT	0	10
		Description of Formations Encountered DiR.7 Red/GAND MiX-ed/GAND W/C/M-Y SAND	ic	29
		A'N a d O MY		HC
		MIME I CIT	40	70
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If more than one screen, show location of each on sketch

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Flank ane

Signature of Water Well Contractor

JAN 2 0 2006 BY: OLWR

	STATE V	VELL REPORT		
County LAFAY ETTE	Pump Installer	Part 2 's Completion Report	Far Offier Use Only:	
Permi = Driller F LANGFOR L Date completed <u>1-3-06</u> This report must be prepare		Aquifor Wet 5 F- 165 Elevator Epartment within 30 days of the		
installation of pump. A copy Well Owner Infor		nust be attached to this report Wel	t. I Location	
Owner Name: MARY Cole	MAN	Latitude:Longitude:		
Mailing Address: Co Rond		Method of Lat/Long (circle one): Conventional Survey,		
			nd-held GPS, Survey-grade GPS	
Oxford Chy St	mg ate Zip Code	14 14 Sec Distance Direction	5 Twn 65 Rng 3W Nearest Town	
Telephone No. ()		Miles	ot OXFORC	
Pump Type Circle one			r <mark>er Type</mark> cle one	
Air Lift Jet	Submersible	Dicsel Engine Gasoli	ine Engine Natural Gas	
Bucket Piston	Turbine	Electric Motor Hand	Tractor PTO	
Centrifugal Rotary	Flowing Well	Windmill Other	(specify):	
Other (specify):		Horse Power Rating of Motor	34	
Date Pump Installed: 1-3-01	6	Setting Depth. 100	teet	
Rated Pump Capacity:/5 /	Gallons Per Minute	Number of Stages:/2		
Pump Test Dat			suring Water Level	
Date Well Tested: <u>1-3-06</u> Static Water Level (A). <u>60</u> Feer Below Land Surface Pumping Water Level (B): <u>60</u> Feet Below Land Surface		Ar: Line Electric Mea Other (specify):		
Drawdown [(B) - (A)]: <u>65</u> F	eet Below Land Surface	For flowing well, measured sh	ut in head:feet	
est Pumping Rate: 154	Gallons Per Minute	Well vielded 15+	GPM_ with a drawdown of	
Duration of Pump Test (minimum 4 hon				
HEREBY CERTIFY that the above sta EMMAK LANG FOR d rint Name of Pump Installer and Licens		t of my knowledge <u>Jeank Fan</u> Signature of Pump Instalk	JAN 2 0 2006 BY: OLWF	