

County: LAYFETTE
 Permit #: _____
 Driller: F Langford
 Date drilling completed: 10-2-06

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 #: N-35
 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>Lat Place Homes</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>GRENDA MS</u> <u>WATER-VALLEY-Hwy 315</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS
<u>WATER Valley MS</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>15</u> Twn <u>10 S</u> Rng <u>5 W</u>
Telephone No. () _____	Distance _____ Miles Direction <u>E</u> of Nearest Town <u>WATER VALLEY</u>

Well Data

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

Date well drilling started: 10-2-06 Date well drilling completed: 10-2-06

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

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 10-2-06

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: 510T 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.

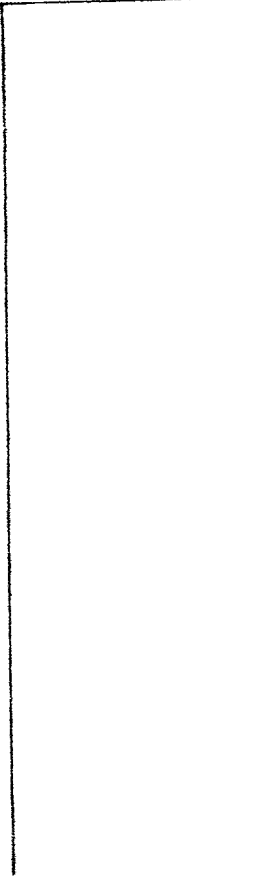
FRANK LANGFORD 0-622 Frank Langford
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

N-35

Ground Level



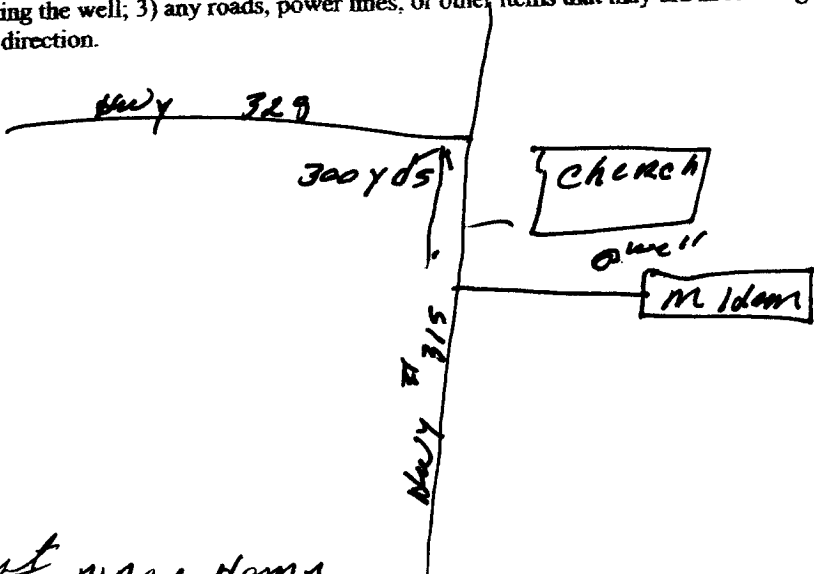
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
CLAY	0	20
SAND	20	40
Mixed CLAY + SAND	40	110
w/ SAND	110	160

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: 1st Mrs. Idams

Frank Langford
Signature of Water Well Contractor

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County LAFAYETTE
 Permit # _____
 Installer FLANK FORD
 Date completed: 10-2-06

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6038 (fax)

For Office Use Only
 Well No. N-35
 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>1st Place Idoma</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>GRENADA MS</u>	Method of Lat/Long (circle one) <u>Conventional Survey</u>
<u>WATER VALLEY Hwy 319</u>	USGS quad. Hand-held GPS. Survey-grade GPS
<u>WATER VALLEY MS</u>	_____ Sec <u>15</u> Twn <u>109</u> Rng <u>5 W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>7</u> Miles <u>E</u> of <u>WATER VALLEY</u>

Pump Type	Power Type
Circle one	Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other (specify) _____	<input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Flowing Well <input type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Windmill <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Other (specify) _____
Date Pump Installed: <u>10-2-06</u>	Horse Power Rating of Motor: <u>3/4</u>
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Setting Depth: <u>120</u> feet
	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level
	Circle one
Date Well Tested: <u>10-2-06</u>	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>50</u> Feet Below Land Surface	Other (specify) _____
Pumping Water Level (B): <u>50</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	<u>0</u> 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
 Print Name of Pump Installer and License No. (if applicable)

Frank Langford
 Signature of Pump Installer

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