

County: MARSHALL  
 Permit #: \_\_\_\_\_  
 Driller: F. Langford  
 Date drilling completed: 5-16-06

### 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 #: J-232  
 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>JAMES TERSTAL</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>BENNETT CR</u>	Method of Lat/Long (circle one) <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS
<u>Bayalita MS</u> City State Zip Code	1/4 1/4 Sec <u>9</u> Twn <u>4W</u> Rng <u>3S</u>
Telephone No. (____) _____	Distance <u>2</u> Miles Direction <u>E</u> of Nearest Town <u>WARRSAW</u>

**Well Data**

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

Date well drilling started: 5-12-06 Date well drilling completed: 5-16-06

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

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 5-16-06

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

Hole depth: 155 Well depth: 155 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: 5/16" slot

Screen slot size: 0.13 inches Setting depth: From 145 feet to 155 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): \_\_\_\_\_

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**JUN 15 2006**  
**BY: OLWR**

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.



**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 #: J-232  
Elevation: \_\_\_\_\_

County: MAARSHAL  
Permit #: \_\_\_\_\_  
Driller: R. Langford  
Date completed: 5-16-06

**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>JAMES TENSTALL</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>BECKETT CR</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Byhalia MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	1/4 1/4 Sec <u>9</u> Twn <u>4</u> Rng <u>35</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	<u>2</u> Miles <u>E</u> of <u>WARSAW</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>5-16-06</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>157</u> Gallons Per Minute	Number of Stages: <u>12</u>

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**BY: OLWR**

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-16-06</u>	Air Line Electric Measuring Line 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>157</u> GPM with a drawdown of
Test Pumping Rate: <u>157</u> Gallons Per Minute	<u>0</u> feet after <u>5</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>5</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