

County: MARSHALL
 Permit #: _____
 Driller: E LANGFORD
 Date drilling completed: 11-10-06

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-242
 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>LEROY BLEDSO</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>VICTORIA MARTINEZ</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>VICTORIA MS</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>1/4 1/4 Sec 10 Twn 3 S Rng 4 W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town |
| | <u>2 Miles S of VICTORIA</u> |

Well Data

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

Date well drilling started: 11-9-06 Date well drilling completed: 11-10-06

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

Static Water Level: 145 feet above or below (circle one) land surface Date measured: 11-10-06

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

Hole depth: 220 Well depth: 220 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: 0.10 inches Setting depth: From 210 feet to 220 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
 Print Name of Water Well Contractor and License No.

RECEIVED
Frank Langford NOV 22 2006
 Signature of Water Well Contractor
BY: OLWR

If well telescopes please sketch below and show depths.

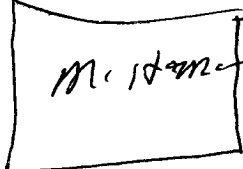
Ground Level

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| DIRT | 0 | 20 |
| R/SAND | 20 | 40 |
| SAND | 40 | 110 |
| CLAY | 110 | 145 |
| SAND | 145 | 200 |
| CLAY & SAND | 180 | 190 |
| SAND | 190 | 225 |
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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.

well



DRIVEWAY

DIRECTION
N

Landowner Name: Leroy Bledso

Frank Langford
 Signature of Water Well Contractor

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 NOV 27 2006
 BY: OLWR

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

For Office Use Only

County MARSHALL
 Permit # _____
 Driller F LANGFORD
 Date completed 11-10-06

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P. O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

Number _____
J. 242
 Date _____
 Examiner _____

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>LEERO BLED SO</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>VICTORIA PLANTATION</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>VICTORIA MS</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>1/4</u> <u>1/4</u> Sec <u>10</u> Twn <u>36</u> Rng <u>4W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town |
| | <u>2</u> Miles <u>S</u> of <u>VICTORIA MS</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>11-10-06</u> | Setting Depth: <u>200</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>11-10-06</u> | Air Line Electric Measuring Line <u>Steel Tape</u> |
| Static Water Level (A): <u>145</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>145</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>180</u> Feet Below Land Surface | Well yielded <u>15</u> GPM with a drawdown of _____ |
| Test Pumping Rate: <u>15</u> Gallons Per Minute | Duration of Pump Test (minimum 4 hours) <u>5</u> hours |
| | <u>75</u> feet after <u>5</u> hours of pumping |
| | <u>WATER FEEDING SLOW IN WELL</u> |

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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 NOV 27 2006
 BY: OLWR