

County: MARSHALL
 Permit #: _____
 Driller: FLANG FORK
 Date drilling completed: 6-25-07

State Well Report

Part 1 - Driller's 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-251
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>BRIAN SMITH</u>	Latitude: <u>34° 48' 23"</u> Longitude: <u>89° 34' 51"</u>
Mailing Address: <u>589 CARKER RD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Med BARKS MS</u> City State Zip Code	<u>NW 1/4 SW 1/4 Sec 24 Twn 3 S Rng 1 W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>2</u> Miles <u>SW</u> of <u>Med BARKS</u>

Well / Borehole Data

Date drilling started: 6-25 Date drilling completed: 6-25 Hole depth: 200 Hole diameter: 6 3/4"

Location of the source of any surface water used for drilling: Home well

Method of dosing and volume of Chlorine used in drilling and development: 3 GAL Chlorox

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____
 (Attach copy of log to this report)

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Seismic Survey _____ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

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

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 6-25-07

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

Well depth: 200 Well grouted to a depth of 10 feet Type of grout (circle one): Neat 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: SLOTTED PVC

Screen slot size: 0.13 inches Setting depth: From 190 feet to 200 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 next page*

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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)

County: MARSHALL
 Permit #: _____
 Driller: FRANK LANGFORD
 Date completed: 6-25-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: J-251
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>FRANK SMITH</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>599 RARDNER</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Red Banks MS</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>24/T 33 R 4W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>2 Miles SW of RED BANKS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> Submersible <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	Electric Motor <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 1/2</u>
Date Pump Installed: <u>6-25-07</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-25-07</u>	Air Line Electric Measuring Line Steel Tape <input checked="" type="radio"/>
Static Water Level (A): <u>50</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>40</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>20</u> GPM with a drawdown of
Test Pumping Rate: <u>20</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 0-612
 Print Name of Pump Installer and License No. (if applicable)

Frank Langford
 Signature of Pump Installer

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