

County: MARSHALL 093
 Permit #: _____
 Driller: F LANGFORD
 Date drilling completed: 10-15-04

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 #: M-61
 L. S. Elevation: _____
 E-log #: _____

Langford Drilling

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>TIM WALDRID</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>RENTAL PROPERTY</u> <u>NO 911 YET</u> <u>CORNER OF AVIN + MT OLIVE</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Byhalia MS</u> City State Zip Code	<u>S 1/4 R 12 1/4 Sec 13 Twn 4S Rng 5W</u>
Telephone No. (____) _____	Distance Direction Nearest Town <u>2 Miles W of MATTHEW CORNER</u>

Well Data

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

Date well drilling started: 10-15-04 Date well drilling completed: 10-15-04

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

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 10-15-04

Method of Measurement (circle one): steel tape electric tape air line other: STEEL BALL ON STRING

Hole depth: 130 Well depth: 130 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: 50T PVC

Screen slot size: .013 inches Setting depth: From 120 feet to 130 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 0-612
 Print Name of Water Well Contractor and License No.

Frank Langford
 Signature of Water Well Contractor

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 BY: OLWR

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 #: M-61
Elevation: _____

County: MARSHALL
Permit #: _____
Driller: FRANK LANGFORD
Date completed: 10-15-04

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>TIM WAIDRIP</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>RENTAL PROPERTY</u> <u>NO 911 YET</u> <u>CORNER OF HAVILIA OLIVE</u> <u>BYHALIA MS</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>S</u> ¼ <u>W</u> ¼ Sec <u>13</u> Twn <u>49</u> Rng <u>5W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	<u>2</u> Miles <u>W</u> of <u>MATTHEW CORNER</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>3/10 HP</u>
Date Pump Installed: <u>10-15-04</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-15-04</u>	Air Line: _____ Electric Measuring Line: _____ <u>Steel Tape</u>
Static Water Level (A): <u>50</u> Feet Below Land Surface	Other (specify): <u>STEEL BALL ON STRING</u>
Pumping Water Level (B): <u>50</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>5</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>5</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 C-612
Print Name of Pump Installer and License No. (if applicable)

Frank Langford
Signature of Pump Installer

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NOV 12 2004

BY: OLWR