

COUNTY  
 MISSISSIPPI  
 TOWNSHIP  
 R. LANGFORD  
 Date of log completed  
 1-5-06

**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:  
 Well No. V-28  
 Date of Log  
 Log No.

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>Jeff Stepps</u>	Latitude: <u>34° 34' 54"</u> Longitude: <u>89° 35' 38"</u>
Mailing Address: <u>Blackwater Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Warrentown MS</u>	USGS quad: _____ Hand-held GPS: _____ Survey-grade GPS: _____
City: _____ State: _____ Zip Code: _____	<u>NW</u> Sec. <u>11</u> Twp. <u>6S</u> Rng. <u>4W</u>
Telephone No.: _____	Distance: <u>3</u> Miles Direction: <u>N</u> of Nearest Town: <u>Warrentown</u>

**Well Data**

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

Date well drilling started: 1-5-06 Date well drilling completed: 1-5-06

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 1-5-06

Method of Measurement (circle one): stadiometer 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: slotted PVC

Screen slot size: 0.13 inches Setting depth: From 210 feet to 220 feet

Type of completion (circle all applicable): (one of) packed \_\_\_\_\_ Underreamed \_\_\_\_\_ Telescoped \_\_\_\_\_ Open bore \_\_\_\_\_ Natural Development

(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): Neutron 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.

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 JAN 20 2006  
 BY: OLWR  
 Signature of Well-Well Contractor: Frank Langford

Print Name of Water Well Contractor and License No. FRANK LANGFORD 0622

V-28

Ground Level

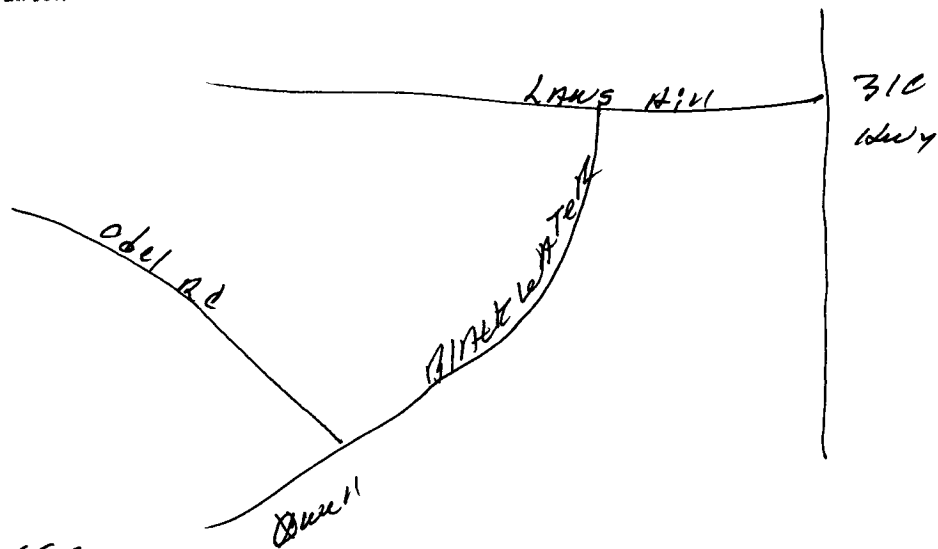
Description of Formations Encountered

From To

DIRT	0-20
Red SAND	20-30
Mixed CLAY/SAND	30-80
w/CLAY	80-100
w/SAND/w/CLAY	
max 4	100-150
w/SAND	150-220'

If more than one screen, show location of each screen.

Show the property boundaries by 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: Jeff Stepps

Frank Langford  
Signature of Water Well Contractor

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BY: OLWR

# 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:

Acute: \_\_\_\_\_  
Well #: V-28  
Elevation: \_\_\_\_\_

County: MARSHALL  
Permit #: \_\_\_\_\_  
Driller: F Langford  
Date completed: 1-5-06

**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>Jeff Stepp</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Blue Water Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>HARMON TOWN MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	1/4 _____ 1/4 Sec <u>11</u> Twp <u>6S</u> Rng <u>4W</u>
Telephone No. (____) _____	Distance: _____ Direction: _____ Nearest Town: _____
	<u>3</u> Miles <u>N</u> of <u>HARMON TOWN</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet: <input type="checkbox"/> <u>Submersible</u>	Diesel Engine: <input type="checkbox"/> Gasoline Engine: <input type="checkbox"/> Natural Gas: <input type="checkbox"/>
Bucket: <input type="checkbox"/> Piston: <input type="checkbox"/> Turbine: <input type="checkbox"/>	<u>Electric Motor</u> : <input type="checkbox"/> Hand: <input type="checkbox"/> Tractor PTO: <input type="checkbox"/>
Centrifugal: <input type="checkbox"/> Rotary: <input type="checkbox"/> Flowing Well: <input type="checkbox"/>	Windmill: <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>34</u>
Date Pump Installed: <u>1-5-06</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>154</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-5-06</u>	Air Line: <input type="checkbox"/> Electric Measuring Line: <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>80</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>80</u> Feet Below Land Surface	Well yielded <u>154</u> GPM with a drawdown of _____
Test Pumping Rate: <u>154</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

01622

Frank Langford  
Signature of Pump Installer

**BY: OLWR**

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JAN 20 2006