

County: ITAWA  
 Permit #: \_\_\_\_\_  
 Driller: F Langford  
 Date drilling completed: 12-15-07

**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 #: C-35  
 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 MAYS</u>	Latitude: <u>34° 31' 12"</u> Longitude: <u>89° 56' 20"</u>
Mailing Address: <u>Camo</u> <u>possibly 506 Coleman Street</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Camo MS</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 NE 1/4 Sec 33 Twn 6 S Rng 7 W</u>
Telephone No. (____) _____	Distance Direction Nearest Town <u>4</u> Miles <u>NE</u> of <u>Camo</u>

**Well Data**

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

Date well drilling started: 12-15-07 Date well drilling completed: 12-15-07

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

Static Water Level: 90 feet above or below (circle one) land surface Date measured: 12-15-07

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

Hole depth: 160 Well depth: 160 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: .013 inches Setting depth: From 150 feet to 160 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 0622 Frank Langford  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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 12 2007  
 DEW

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:

Appurtenant:

Well # C-35

Elevation: \_\_\_\_\_

County: OSHA  
 Permit #: \_\_\_\_\_  
 Driller: F LANGFORD  
 Date completed: 12-15-07  
 Copy information from block on Part 1

*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>JAMES MAYS</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Comco</u>	Method of Lat/Long (check one): <u>Conventional Survey</u>
<u>Comco MS</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 SEC: <u>33 6S R 7W</u>
Telephone No. (_____) _____	Distance: _____ Direction: _____ Nearest Town: _____
	<u>1/4</u> Miles <u>NE</u> of <u>Comco</u>

PUMP TYPE	POWER TYPE
Air Lift: Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: 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: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>12-15-07</u>	Setting Depth: <u>120</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
Date Well Tested: <u>12-15-07</u>	Circle one
Static Water Level (A): <u>90</u> Feet Below Land Surface	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input checked="" type="checkbox"/>
Pumping Water Level (B): <u>90</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>15+</u> Gallons Per Minute	Well yielded <u>15+</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<u>0</u> feet after <u>4</u> hours of pumping

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

RECEIVED  
JAN 2 2008  
BY: OLWR