

County: RAVOLA  
 Permit #: \_\_\_\_\_  
 Driller: F. LANGFORD  
 Date drilling completed: 4-25-06

### 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 #: D-31  
 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>MATTION PITTMAN</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>BIRdge A E</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: <u>COME</u> State: <u>MS</u> Zip Code: _____	_____ 1/4 _____ 1/4 Sec. <u>25</u> Twn <u>65</u> Rng <u>6W</u>
Telephone No. (____) _____	Distance _____ Miles Direction <u>NW</u> of Nearest Town <u>COME</u>

**Well Data**

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

Date well drilling started: 4-24-06 Date well drilling completed: 4-25-06

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 4-25-06

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

Hole depth: 190 Well depth: 190 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: 5/16" PVC

Screen slot size: 1/16 inches Setting depth: From 180 feet to 190 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 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 Frank Langford **RECEIVED**  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor  
 MAY 08 2006

If well telescopes please sketch below and show depths.

BY: OLWR

D-31

Ground Level

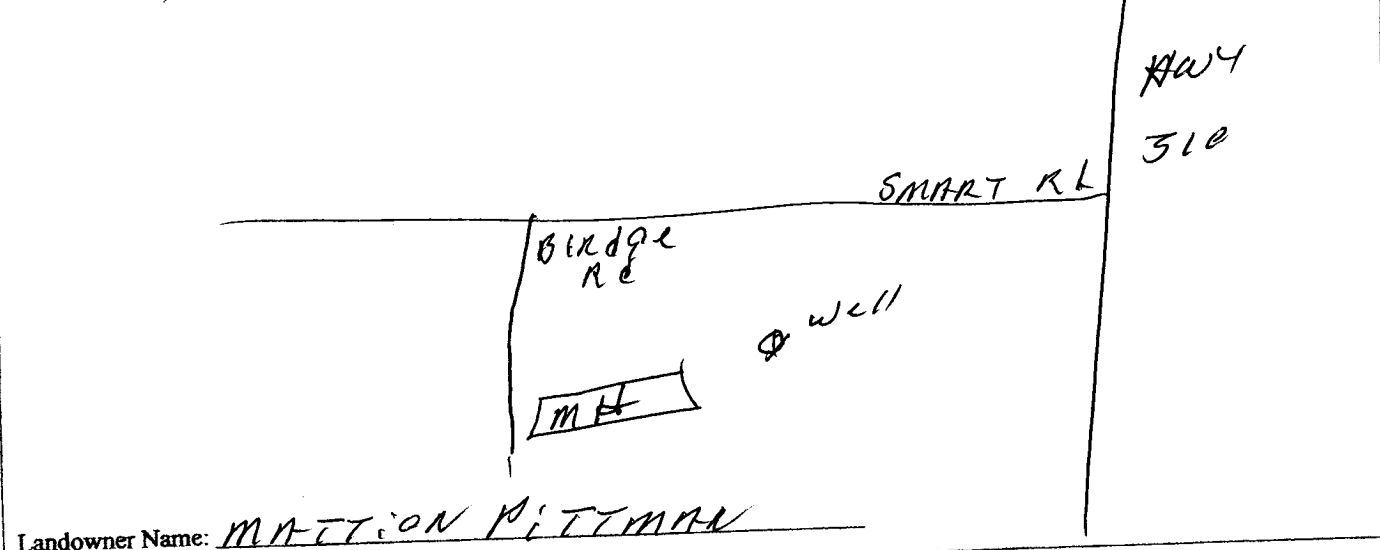
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
DIRT	0	20
SAND	20	80
w/CILAY	80	100
w/ SAND	100	190

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.



Landowner Name: MATTION PITTMAN

*Frank Langford*  
 Signature of Water Well Contractor

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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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: D-31  
Elevation: \_\_\_\_\_

County: PAVOLI

Permit #: \_\_\_\_\_

Driller: ELMAGFORD

Date completed: 4-25-06

**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>MATTION PITTMAN</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Bridge Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Como MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 25 Twn 65 Rng 6W</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	<u>7 Miles NW of Como</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>4-25-06</u>	Setting Depth: <u>140</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>4-25-06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>65</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>15</u> <del>20</del> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>10</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Frank Magford 0-622  
Print Name of Pump Installer and License No. (if applicable)

Frank Magford  
Signature of Pump Installer

**RECEIVED**

MAY 08 2006

**BY: OLWR**