

County: IOA No 1A
 Permit #: _____
 Driller: F LANGFORD
 Date drilling completed: 9-20-06

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 #: H-47
 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>TARCE AUGER</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>SIMON CHAPEL 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 11 Twn 7 S Rng 6 W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>0.7 Miles NW of Como</u>

Well Data

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

Date well drilling started: 9-20-06 Date well drilling completed: 9-20-06

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

Static Water Level: 100 feet above or below (circle one) land surface Date measured: 9-20-06

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

Hole depth: 125 Well depth: 125 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: 810T PVC

Screen slot size: .010 inches Setting depth: From 165 feet to 125 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 0-622
 Print Name of Water Well Contractor and License No.

Frank Langford
 Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

H
④-47

Ground Level

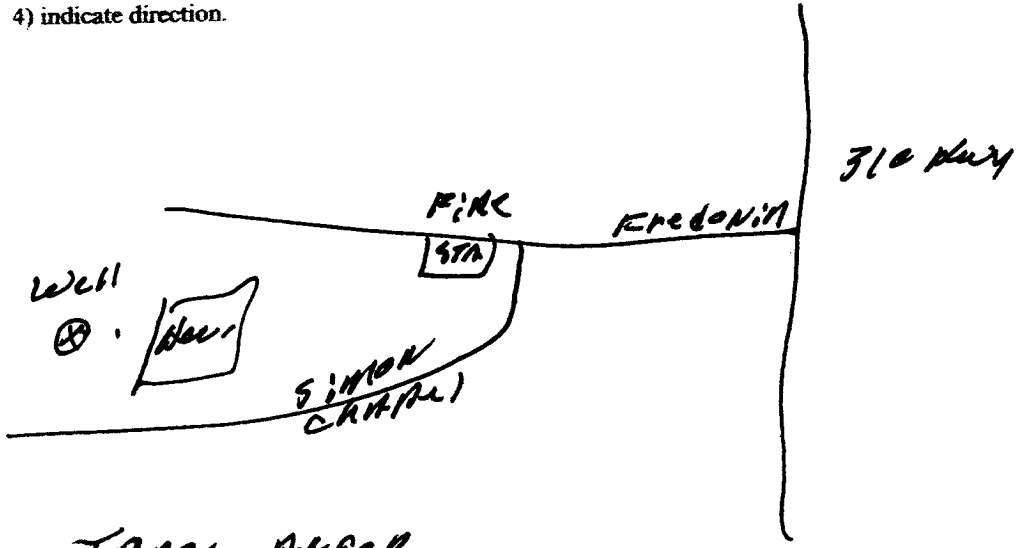
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
DIRT	0	10
CLAY	10	50
Rock @ 50'	50	100
Blue CLAY	100	140
GRAY SAND	140	175

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: Traci Berger

Frank Langford
Signature of Water Well Contractor

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County PANOLA
 Permit # _____
 Driller FRANK FOX JR
 Date completed 9-20-06

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 ID: M-47
 Date: _____
 Inspector: _____

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>TRACE ANGER</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>SIMON CHAMPLAIN</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City: <u>COMO</u> State: <u>MS</u> Zip Code: _____	USGS quad. Hand-held GPS. Survey-grade GPS
Telephone No.: _____	1/4 Sec <u>11</u> Twn <u>7S</u> Rng <u>6W</u>
	Distance: _____ Direction: _____ Nearest Town: _____
	<u>7</u> Miles <u>NW</u> of <u>COMO</u>

Pump Type	Power Type
Circle one	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>	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>3/4</u>
Date Pump Installed: <u>9-20-06</u>	Setting Depth: <u>140</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
Circle one	Circle one
Date Well Tested: <u>9-20-06</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>100</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	
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

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

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