

County: PANOLA
 Permit #: _____
 Driller: F LANGFORD
 Date drilling completed: 11-30-06

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-48
 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>DENALSON</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>SIMON CHAPEL RD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>BATESVILLE MS</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>11</u> Twn <u>7S</u> Rng <u>6W</u>
Telephone No. (____) _____	Distance _____ Miles Direction <u>W</u> of Nearest Town <u>COMO</u>

Well Data

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

Date well drilling started: 11-29-06 Date well drilling completed: 11-30-06

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

Static Water Level: 100' feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 180 Well depth: 180 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: SICED PVC

Screen slot size: .010 inches Setting depth: From 170 feet to 180 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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 BY: OLWR

If well telescopes please sketch below and show depths.

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County PAVIA
 Name FRANK LANGFORD
 Date completed 11-30-06

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 300 N. Ross Street
 Jackson, MS 39201-0631
 (601) 961-3210
 (601) 354-6938 (fax)

Well ID No. H-48

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>DANLISON</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>SIMON CHAPEL RD</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey
<u>BATESVILLE</u> MS _____ Zip Code	<input type="checkbox"/> USGS quad <input type="checkbox"/> Hand-held GPS <input type="checkbox"/> Survey-grade GPS
Telephone No.: _____	Distance: _____ Direction: _____ Nearest Town: _____
	<u>6</u> Miles <u>W</u> of <u>COMO</u>

Pump Type (Circle one)	Power Type (Circle one)
<input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Windmill Other (specify): _____	<input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>11-30-06</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)
Date Well Tested: <u>11-30-06</u>	<input type="checkbox"/> Acoustic <input type="checkbox"/> Electric Measuring Line <input checked="" 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	For flowing well, measured shut-in head: _____ feet
Drawdown (B - A): <u>99</u> Feet Below Land Surface	Well yielded: <u>15 +</u> GPM with a drawdown of _____ feet
Test Pumping Rate: <u>15 +</u> Gallons Per Minute	Duration of Pump Test (minimum 4 hours): <u>4</u> hours

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): FRANK LANGFORD 0-622

Signature of Pump Installer: Frank Langford

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 DEC 29 2006

BY: OLWR