

County Rankin
 Permit # _____
 Driller E. Langford
 Date drilling completed 9-10-07

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)354-6939 (fax)

For Office Use Only:
 Aquifer _____
 Well #: H 51
 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>Douglas</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>5.imer Chapel</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>Combs MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
City State Zip Code	<u>75 6W</u>		
	<u>1/4 Sec 13 Twn 6W Rng 7S</u>		
Telephone No. () _____	Distance: <u>8</u> miles	Direction: <u>SE</u>	Nearest Town: <u>Combs</u>

Well Data

Purpose of well (circle one): Water Industrial Public Supply Irrigation Fish Culture Other _____

Date well drilling started: 9-7-07 Date well drilling completed: _____

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

Static Water Level: 100 feet above or below (circle one) land surface Date measured: 9-10-07

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

Stole depth: 250 Well depth: 250 Well grouted to a depth of 10

Type of grout (circle one): Cement Centonite 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: .015 inches Setting depth: From 240 feet to 250 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: N/A 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 logs: _____

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 SEP 21 2007
 BY: OLWR

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 O-622
 Print Name of Water Well Contractor and License No.

Frank Langford
 Signature of Water Well Contractor

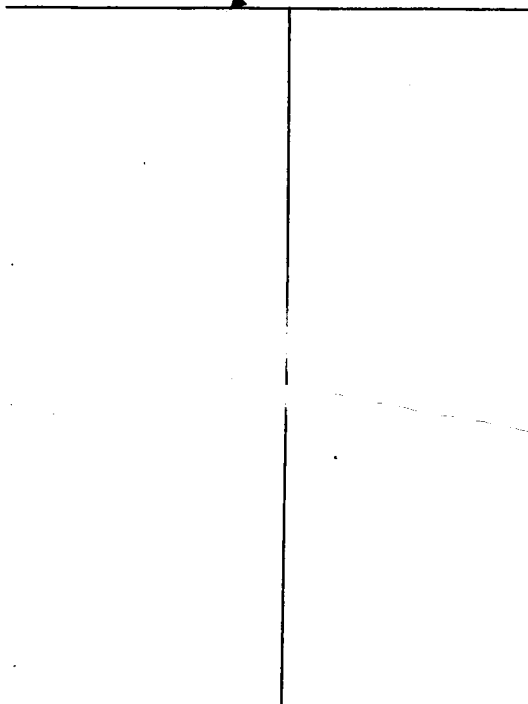
If well telemetry, please sketch below and show depths.

H 51

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
DIRT	0	10
SAND	10	60
ROCK	60	
CLAY CLAY	60	210
CLAY SAND	210	250

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) a north arrow.

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Landowner Name: Don ALSON

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

FRANK LANGFORD 0-682
Print Name of Responsible Licensee and License No.

9-14-07
Date

Frank Langford
Signature of Licensee

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)

County: POPLAR
 Permit #: _____
 Driller: F Langford
 Date completed: 9-10-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: H 51
 Elevation: _____

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>DALTON</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>SIMON CHAPEL RD</u>	Method of Lat/Long (check one): Conventional Survey <input checked="" type="checkbox"/>
<u>CENO MS</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>1/4 Sec. 13 T. 6W R. 7S</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>8 Miles SE CENO</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor <input checked="" type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>9-10-07</u>	Setting Depth: <u>200</u>
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>12</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-10-07</u>	Air Line Electric Measuring Line Steel Tape <input checked="" type="checkbox"/>
Static Water Level (A): <u>100</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (E): <u>100</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>50</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of
Test Pumping Rate: <u>15</u> Gallons Per Minute	<u>50</u> feet after <u>4</u> hours of pumping
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.

FRANK LANGFORD C-622
 Print Name of Pump Installer and License No. (if applicable)

Frank Langford
 Signature of Pump Installer