

County: PANOLA  
 Permit #: FRANK LANGFORD  
 Driller: \_\_\_\_\_  
 Date drilling completed: 1-11-06

### 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 #: J-17  
 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>STEVE MARLOW</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>865 WAYS KING RD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Osimo</u> MS City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>7</u> Twn <u>7 S</u> Rng <u>5 W</u>
Telephone No. (____) _____	Distance _____ Miles Direction _____ of Nearest Town _____

**Well Data**

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

Date well drilling started: 1-9-06 Date well drilling completed: 1-11-06

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

Static Water Level: 110 feet above or below (circle one) land surface Date measured: 1-11-06

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

Hole depth: 240 Well depth: CASE 230' 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: STATED PVC

Screen slot size: .013 inches Setting depth: From 220 feet to 230 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.

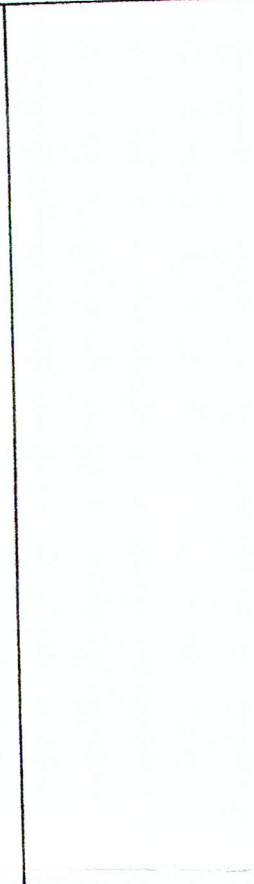
FRANK LANGFORD 0-622  
 Print Name of Water Well Contractor and License No.

Frank Langford  
 Signature of Water Well Contractor

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**BY: OLWR**

If well telescopes please sketch below and show depths.

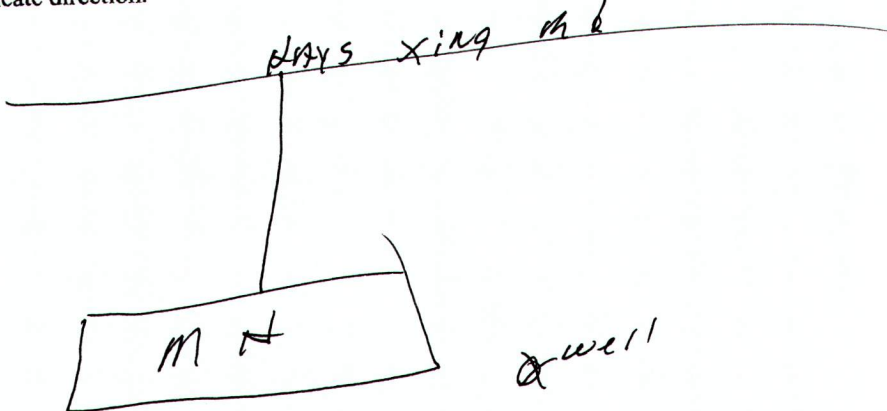
Ground Level



Description of Formations Encountered	From	To
DIRT	0	20
RED SAND	20	30
MIX/CLAY	30	60
SAND	60	110
DARK CLAY	110	180
GRAY SAND	180	200
SAND	200	240

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: Steve NARKOW

Frank Lombard  
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 #: J-17  
Elevation: \_\_\_\_\_

County: PRELINA  
Permit #: \_\_\_\_\_  
Driller: FRANK LANGFORD  
Date completed: 1-11-06

**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>STEVE WALKER</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>865 DAYS KING RD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>COME</u> <u>MS</u> City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>7</u> Twn <u>7S</u> Rng <u>5W</u>
Telephone No. (____) _____	Distance Direction Nearest Town <u>COME</u> Miles <u>8</u> of <u>EAST COME</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4 HP</u>
Date Pump Installed: <u>1-11-06</u>	Setting Depth: <u>160</u> feet
Rated Pump Capacity: <u>15 OPEN</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-11-06</u>	Air Line Electric Measuring Line <u>Steel Tape</u> <input checked="" type="radio"/>
Static Water Level (A): <u>110</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>110</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>115</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>5</u> feet after <u>48</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>1 1/2</u> hours	

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)

**RECEIVED**  
Frank Langford **JAN 20 2006**  
Signature of Pump Installer

**BY: OLWR**