

County: PANOLA
 Permit #: _____
 Driller: F. 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)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: J-18
 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>DE DE SWANFORD</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>RAILES RD</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>CONRO</u> <u>MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>75</u> <u>5W</u>
Telephone No. (____) _____	<u>6</u> <u>6</u> Twn <u>9W</u> Rng <u>7E</u>
	Distance Direction Nearest Town
	<u>6</u> Miles <u>E</u> of <u>CONRO</u>

Well Data

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

Date well drilling started: 9-7-07 Date well drilling completed: 9-10-07

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

Static Water Level: 700 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: _____

Mole depth: 200 Well depth: 200 Well grouted to a depth of 10 feet

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: stard PVC

Screen slot size: 10/32 inches Setting depth: From 190 feet to 200 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): _____

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 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 code laws.

FRANK LANGFORD 0.622
 Print Name of Water Well Contractor and License No.

Frank Langford
 Signature of Water Well Contractor

1) well telescoper please sketch below and show copies.

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 46031
 Jackson, MS 39200-0631
 (601)951-2110
 (501)354-6930 (fax)

County: ITAWAMBA
 Permit #: _____
 Driller: E. Langford
 Date completed: 9-10-07
Copy information to TOPS DIRECTOR OFFICE

For Office Use Only:

Aquifer: _____
 Well #: J-18
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of a part 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

Owner Name: JE DE SARTRE
 Mailing Address: 1311-9 Rd
Comer MS
City State Zip Code
 Telephone No. () _____

Well Location

Latitude: _____ Longitude: _____
 Method of Lat/Long (check one): Conventional Survey
 USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
 _____ 1/4 _____ 1/4 Sec 6 T SW R 7S
 Distance _____ Direction _____ Nearest Town _____
6 Miles E of Comer

Pump Type
Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 9-10-07
 Rated Pump Capacity: 20 Gallons Per Minute

Power Type
Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hydro Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 1 1/2
 Setting Depth: 160 feet
 Number of Stages: 12

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Pump Test Data

Date Well Tested: 9-10-07
 Static Water Level (A): 20 Feet Below Land Surface
 Pumping Water Level (B): 20 Feet Below Land Surface
 Drawdown [(B) - (A)]: 0 Feet Below Land Surface
 Test Pumping Rate: 20 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
Circle one

Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well sealed _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

E. Langford 0.622 Frank Langford
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer