

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

### 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 #: L-38  
 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>WARRER</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>BALLETINE Rk</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>STATESVILLE MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 9 Twn 89 Rng 8W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>6 Miles SW of GARDIS</u>

**Well Data**

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

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

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 11-11-06

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

Hole depth: 190 Well depth: 190 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: slotted PVC

Screen slot size: .013 inches Setting depth: From 190 feet to 190 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 0-687  
 Print Name of Water Well Contractor and License No.

Frank Langford  
 Signature of Water Well Contractor

NOV 27 2006  
 RECEIVED BY: OLWR

If well telescopes please sketch below and show depths.



STATE WELL REPORT

Part 2

Pump Installer's Completion Report

For Office Use Only

L-38

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

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
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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 WAMPLER  
 Mailing Address 8693 GALLENTERE  
SARDIS MS  
 City State Zip Code  
 Telephone No. \_\_\_\_\_

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Method of Lat Long (circle one) Conventional Survey  
 USGS quad. Hand-held GPS. Survey-grade GPS  
 T. Sec 9 Twp. 8 S Rng 8 W  
 Distance Direction Nearest Town  
6 Miles SW of SARDIS

Pump Type  
Circle one

Power Type  
Circle one

Air Lift  Jet  Submersible  Diesel Engine  Gasoline Engine  Natural Gas  
 Bucket  Piston  Turbine  Electric Motor  Hand  Tractor PTO  
 Centrifugal  Rotary  Flowing Well  Windmill  Other (specify) \_\_\_\_\_  
 Other (specify) \_\_\_\_\_  
 Date Pump Installed \_\_\_\_\_  
 Rated Pump Capacity 15+ Gallons Per Minute  
 Horse Power Rating of Motor 3/4  
 Setting Depth 140 feet  
 Number of Stages 12

Pump Test Data

Method of Measuring Water Level  
Circle one

Date Well Tested 11-11-06  
 Static Water Level (A) 90 Feet Below Land Surface  
 Method of Measuring Water Level  Air Line  Electric Measuring Line  Steel Tape  
 Pumping Water Level (B) 40 Feet Below Land Surface  
 Other (specify) \_\_\_\_\_  
 Drawdown [(B) - (A)] 100 Feet Below Land Surface  
 For flowing well, measured shut in head \_\_\_\_\_ feet  
 Test Pumping Rate 15+ Gallons Per Minute  
 Well yielded 15+ GPM with a drawdown of \_\_\_\_\_  
 Duration of Pump Test (minimum 4 hours) 4 hours  
 \_\_\_\_\_ feet after 4 hours of pumping

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

RECEIVED

FRANK LANGFORD 0-622  
 Print Name of Pump Installer and License No. (if applicable)

Frank Langford NOV 27 2006  
 Signature of Pump Installer

BY: OLWR