

County: ADAMS
Permit #: _____
Driller: FLANAGAN
Date drilling completed: 3-14-07

State Well Report

Part 1 - Driller's 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-39
L. S. Elevation: _____
E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner

(Landowner if borehole is not for a water well)

Owner Name: ROBERTSON
Mailing Address: BALLETIN R L
BATESVILLE MS
City State Zip Code
Telephone No. () _____

Well or Borehole Location

Latitude: _____ Longitude: _____
Method of Lat/Long (circle one) Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
____ 1/4 ____ 1/4 Sec. 14 Twn 8S Rng 8W
Distance Direction Nearest Town
3 Miles 5 of BRADIS

Well / Borehole Data

Date drilling started: 3-14-07 Date drilling completed: 3-14-07 Hole depth: 190 Hole diameter: 6 3/8"

Location of the source of any surface water used for drilling: well

Method of dosing and volume of Chlorine used in drilling and development: CLOROX 1/2 GAL

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____
(Attach copy of log to this report)

Purpose of borehole (check one): Water Well ☒ Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
Seismic Survey _____ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

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

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

Static Water Level: 100 feet above or below (circle one) land surface Date measured: 3-14-07

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

Well depth: 190 Well grouted to a depth of 10 feet Type of grout (circle one): Neat 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: 413 5107 PVC

Screen slot size: .013 inches Setting depth: From 190-40 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 next page*

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: Rankin

Permit #: _____

Driller: Frank Langford

Date completed: 3-14-07

Copy information from block on Part 1

For Office Use Only:

Aquifer: _____

Well #: L-39

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

Owner Name: Rebeatha

Mailing Address: BAVENTINE RD

BATESVILLE 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 14 T 8S R 9W

Distance Direction Nearest Town

3 Miles S of ROAD 15

Pump Type Circle one

Air Lift ☐ Jet ☐ Submersible
Bucket ☐ Piston ☐ Turbine ☐
Centrifugal ☐ Rotary ☐ Flowing Well ☐

Other (specify): _____

Date Pump Installed: 3-14-07

Rated Pump Capacity: 15+ Gallons Per Minute

Power Type Circle one

Diesel Engine ☐ Gasoline Engine ☐ Natural Gas ☐
Electric Motor ☒ Hand ☐ Tractor PTO ☐
Windmill ☐ Other (specify): _____

Horse Power Rating of Motor: 3/4

Setting Depth: 140 feet

Number of Stages: 12

Pump Test Data

Date Well Tested: 3-14-07

Static Water Level (A): 100 Feet Below Land Surface

Pumping Water Level (B): 100 Feet Below Land Surface

Drawdown [(B) - (A)]: 5 Feet Below Land Surface

Test Pumping Rate: 15+ Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 4 1/2 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 yielded 15+ GPM with a drawdown of
5 feet after 4 1/2 hours of pumping

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)

Frank Langford
Signature of Pump Installer