

State Well Report

Part 1

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 #: N-53
L. S. Elevation: _____
E-log #: _____

County: OSWALDA
Permit #: _____
Driller: FRANK LANGFORD
Date drilling completed: 6-21-05

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>TOMMY MASON</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>794 KING RD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>OSWALDA</u> MS City State Zip Code	1/4 1/4 Sec <u>5</u> Twn <u>8</u> Rng <u>6W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>2</u> Miles <u>W</u> of <u>OSWALDA LAKE</u>

Well Data

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

Date well drilling started: 6-15-05 Date well drilling completed: 6-15-05 (drilling only)

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

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 6-21-05

Method of Measurement (circle one) steel tape electric tape air line other: STEEL BAH ON STRIKING

Hole depth: 120 Well depth: 120 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: SLOTED PVC

Screen slot size: .013 inches Setting depth: From 110 feet to 120 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

RECEIVED
JUL 14 2005
BY: OLWR

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 #: N-53
 Elevation: _____

County: PNOLA
 Permit #: _____
 Driller: _____
 Date completed: 6-21-05

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>TEMMY MASON</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>794 King Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>SARDIS MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>5</u> Twn <u>8 S</u> Rng <u>6 W</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	<u>2</u> Miles <u>W</u> of <u>SARDIS LAKE</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 <input type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>6-21-05</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>15 +</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-18-05</u>	Air Line Electric Measuring Line Steel Tape <input checked="" type="checkbox"/>
Static Water Level (A): <u>50</u> Feet Below Land Surface	Other (specify): <u>STEEL BALL ON STRING</u>
Pumping Water Level (B): <u>55</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>5</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>4 1/2</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4 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)

Frank Langford
 Signature of Pump Installer

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 JUL 14 2005
 BY: OLWR