

County: PAVELL 107
 Permit #: _____
 Driller: E LANGFORD
 Date drilling completed: 3-2-05

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 #: Φ-52
 L. S. Elevation: _____
 E-log #: _____

Langford Drilling

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>RON FLOYD</u>	Latitude: _____° _____' _____" Longitude: _____° _____' _____"
Mailing Address: <u>295 ROBINSON LANE</u> <u>(SMADIS)</u> <u>BATESVILLE MS</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. (____) _____	_____ ¼ _____ ¼ Sec <u>18</u> Twn <u>8 S</u> Rng <u>5 W</u>
	Distance Direction Nearest Town _____ Miles _____ of _____

Well Data

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

Date well drilling started: 3-2-05 Date well drilling completed: 3-2-05

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

Static Water Level: 190 feet above or below (circle one) land surface Date measured: 2-26-09

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

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: STOTTED PVC

Screen slot size: 1.013 inches Setting depth: From 180 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: 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.

E. Mark Langford 0-622
 Print Name of Water Well Contractor and License No.

Frank Langford **RECEIVED**
 Signature of Water Well Contractor **MAR 25 2005**

If well telescopes please sketch below and show depths.

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 #: Φ 52
Elevation: _____

County: POPLAR
Permit #: _____
Driller: FRANK FORD
Date completed: 3-2-05

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>RON FLOYD</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>295 ROBINSON RD</u> <u>(GARDIS)</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>DATESVILLE MS</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>18</u> Twn <u>8S</u> Rng <u>5W</u>
Telephone No. (____) _____	Distance Direction Nearest Town _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine <u>Electric Motor</u>	Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>3-2-05</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-2-05</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>100</u> Feet <u>Below Land</u> Surface	Other (specify): <u>STEEL BAN ON STRING</u>
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>105</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</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

FRANK LANGFORD 0622
Print Name of Pump Installer and License No. (if applicable)

Frank Langford **RECEIVED**
Signature of Pump Installer
MAR 25 2005

BY: OLWR