

County: POPAH
 Permit #: _____
 Driller: FRANK LANGFORD
 Date drilling completed: 9-29-06

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 #: V-62
 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>Michael Croel</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>151 Nelson Park Dr</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>POPE</u> <u>MS</u>	<u>1/4</u> <u>1/4</u> Sec <u>20</u> Twn <u>10S</u> Rng <u>7W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>2</u> Miles <u>SW</u> of <u>POPE</u>

Well Data

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

Date well drilling started: 9-26-06 Date well drilling completed: 9-29-06

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

Static Water Level: 120 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 200 Well depth: 200 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: 5107 PVC

Screen slot size: 1/16 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: _____ 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 Frank Langford
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED
 OCT 13 2006
 BY: OLWR

If well telescopes please sketch below and show depths.

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County: RAVOLA
 Permit # _____
 Dater: K Langford
 Date Completed: 9-29-06

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10431
 Jackson, MS 39280-0671
 (601) 961-5210
 (601) 354-6938 (fax)

File Other Use Only
 No. V-67

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>Michel C. Coel</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>151 Nelson Spur RR</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>RAVOLA</u> <u>MS</u>	USGS quad. <u>Hand-held GPS. Survey-grade GPS</u>
City State Zip Code	<u>1/4</u> Sec <u>20</u> Twn <u>10 S</u> Rng <u>7 W</u>
Telephone No. (_____) _____	Distance Direction Nearest Town
	<u>1</u> Miles <u>S</u> of <u>RAVOLA</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/>	Diesel Engine <input type="checkbox"/>
Jet <input type="checkbox"/>	Gasoline Engine <input type="checkbox"/>
Submersible <input checked="" type="checkbox"/>	Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/>
Piston <input type="checkbox"/>	Hand <input type="checkbox"/>
Turbine <input type="checkbox"/>	Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/>	Windmill <input type="checkbox"/>
Rotary <input type="checkbox"/>	Other (specify) _____
Flowing Well <input type="checkbox"/>	
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>9-29-06</u>	Setting Depth: <u>140</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	Circle one
Date Well Tested: <u>9-29-06</u>	Air Line <input type="checkbox"/>
Static Water Level (A): <u>120</u> Feet Below Land Surface	Electric Measuring Line <input type="checkbox"/>
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	Steel Tape <input checked="" type="checkbox"/>
Drawdown (B)-(A): <u>0</u> Feet Below Land Surface	Other (specify) _____
Test Pumping Rate: <u>157</u> Gallons Per Minute	For flowing well, measured shut in head: _____ feet
Duration of Pump Test (minimum 4 hours): <u>4 1/2</u> hours	Well yielded <u>157</u> GPM with a drawdown of _____ feet after <u>4 1/2</u> hours of pumping

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

FRANK LANGFORD 0-682
 Print Name of Pump Installer and License No. (if applicable)

Frank Langford
 Signature of Pump Installer