

County: PANOLA
 Permit #: _____
 Driller: E LANGFORD
 Date drilling completed: 9-20-06

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 #: W-58
 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>REPPIE OLSONER</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>PIVOT POINT RD</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>POPE MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>28</u> Twn <u>10S</u> Rng <u>6W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>7</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: 9-20-06 Date well drilling completed: 9-20-06

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

Static Water Level: 90 feet above or below (circle one) land surface Date measured: 9-20-06

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

Hole depth: 175 Well depth: 175 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: 5/16" PVC

Screen slot size: .010 inches Setting depth: From 165 feet to 175 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

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: OSHA
 Permit #: _____
 Driller: FRANK FORD
 Date completed: 9-28-06

File Office Use Only
 Well No.: W 58

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>Reggie O'CONNOR</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>POINT POINT RD</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
City: <u>POPE</u> State: <u>MS</u> Zip Code: _____	1/4 Sec: <u>28</u> Twp: <u>10 S</u> Rng: <u>6 W</u>
Telephone No.: _____	Distance: _____ Miles <u>2</u> Direction: <u>SW</u> Nearest Town: <u>POPE</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____
Date Pump Installed: <u>9-28-06</u>	Horse Power Rating of Motor: <u>3/4</u>
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Setting Depth: <u>140</u> feet
	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-28-06</u>	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape Other (specify): _____
Static Water Level (A): <u>120</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	Well yielded: <u>15+</u> GPM with a drawdown of _____
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	Duration of Pump Test (minimum 4 hours): <u>4 1/2</u> hours
Test Pumping Rate: <u>15+</u> Gallons Per Minute	_____ 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 FORD 0-622
 Print Name of Pump Installer and License No. (if applicable)

Frank Ford RECEIVED
 Signature of Pump Installer

OCT 13 2006
 BY: OLWR