

County: Rankin
 Permit # : _____
 Driller: Griner Drilling Service
 Date drilling completed: 8/17/2007

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 #: G-70
 L.S. Elevation: _____
 E-Log #: _____

RECEIVED

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.

OCT 12 2007

BY: OLWR

Well Owner Information	Well Location
Owner Name <u>Langford Water Association</u>	Latitude: <u>89</u> <u>58</u> <u>652w</u> Longitude: <u>32</u> <u>19</u> <u>939n</u>
Mailing Address: <u>1805 Hwy 471</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Brandon, MS 39047</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>27</u> Twn <u>6N</u> Rng <u>3E</u>
Telephone No. <u>601-591-1467</u>	Distance Direction Nearest Town <u>2</u> Miles <u>north</u> of <u>Brandon</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other Test Hole

Date well drilling started: 7/24/2007 Date well drilling completed: 8-17-07

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

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

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

Hole depth: 1417 Well depth: _____ Well grouted to a depth of _____ feet

Type of grout (circle one) Cement Bentonite Mix

Casing length: _____ feet Casing diameter: _____ inches Type of casing: _____

Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____

Screen slot size: _____ inches Setting depth: From _____ feet to _____ feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural development
 Other (describe): No well set. Abandonment form attached

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): Griner Drilling Service, Inc.

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.

Griner Drilling Service, Inc. 0-581
 Print Name of Water Well Contractor and License No.

Chad H. [Signature]
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths

