

County: TATE
 Permit #: _____
 Driller: F LANGFORD
 Date drilling completed: 12-7-07

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 #: B-188
 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>JIM DANDRIGER</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>SCOTT RD</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Caldwater MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 36 Twn 4 S Rng 7 W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>4 Miles E of Independence</u>
	<u>600 OF HWY 306 - 1 mi</u>

Well Data

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

Date well drilling started: 12-7-07 Date well drilling completed: 12-7-07

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

Static Water Level: 70 feet above or below (circle one) land surface Date measured: 12-7-07

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

Hole depth: 170 Well depth: 170 Well grouted to a depth of 18 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: slated PVC

Screen slot size: .013 inches Setting depth: From 160 feet to 170 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
 Print Name of Water Well Contractor and License No.

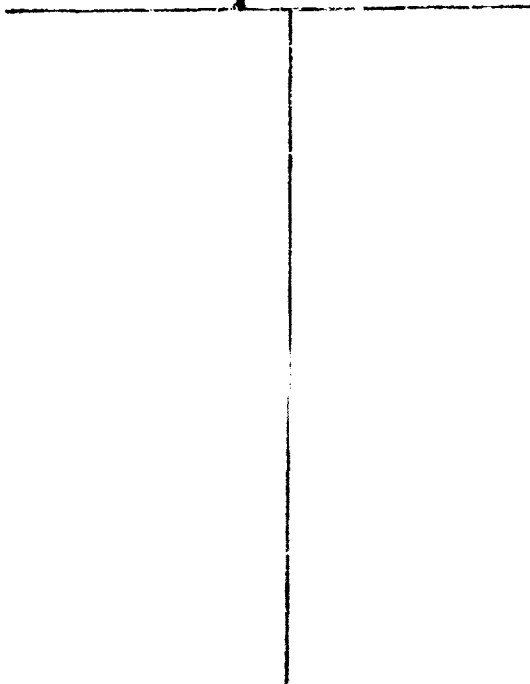
Frank Langford
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

B 188

The sketch below only required for water wells

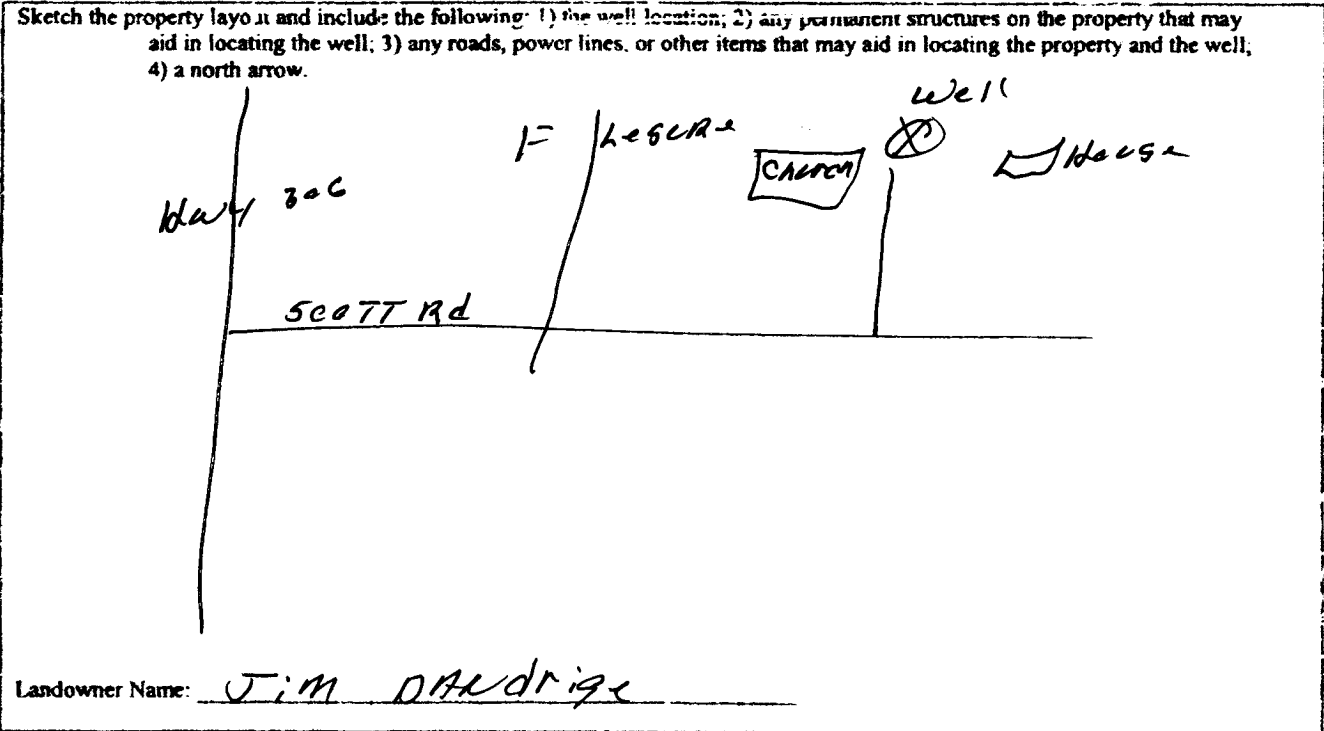
If well telescopes, show depths on sketch.
 Ground Level _____



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
DIRT	0	20
R/SAND	20	30
SAND	30	80
W/CLAY (W/SAND)	80	120
W/SAND	120	170

If more than one screen, show location of each on sketch



I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

FRANK LANGFORD R-25-07 Frank Langford
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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:

Appurtenant

Well #: B-188

Elevation: _____

County: TATE
 Permit #: _____
 Driller: FRANK FORD
 Date completed: 12-7-07
 Copy information from block on Part 1

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>JIM SANDRIGUE</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>50077 RD</u>	Method of Lat/Long (check one): <u>Conventional Survey</u>
<u>COLDWATER MS</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 sec. <u>36 1 419 R 7A</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	<u>4 Miles E of Independence</u> <u>Sou of Hwy 306 171</u>

Pump Type	Motor Type
Air Lift: Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>12-7-07</u>	Setting Depth: <u>120</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
Date Well Tested: <u>12-7-07</u>	Circle one
Static Water Level (A): <u>70</u> Feet Below Land Surface	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Pumping Water Level (B): <u>70</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>157</u> Gallons Per Minute	Well yielded <u>157</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>4 1/2</u> hours	<u>5</u> 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 Frank Langford
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer