

For Office Use Only:

Aquifer: _____
Well #: B-189
L. S. Elevation: _____
E log #: _____

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)

County: TATE
Permit #: _____
Driller: FRANKford
Date drilling completed: 12-13-07

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>Philip Miller</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Hidden Valley Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Coldwater MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	1/4 _____ 1/4 Sec. <u>31</u> Twn <u>45</u> Rng. <u>8 W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	<u>2</u> Miles <u>E</u> of <u>Coldwater</u>

Well Data

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

Date well drilling started: 12-10-07 Date well drilling completed: 12-13-07

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 12-13-07

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

Hole depth: 270 Well depth: 270 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: PVC slotted

Screen slot size: 1/3 inches Setting depth: From 260 feet to 270 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

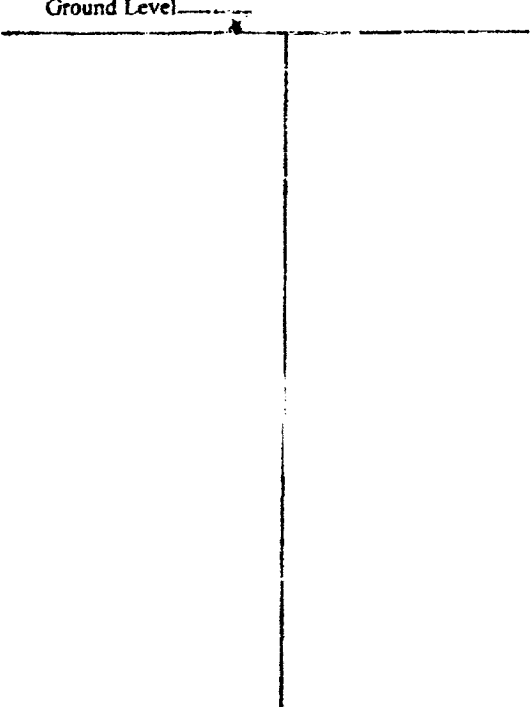
If well telescopes please sketch below and show depths.

B-189

The sketch below only required for water wells

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

If well telescopes, show depths on sketch



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
SILT	0	20
SAND + SILT	20	40
RED / GRAVEL	40	60
SAND	60	90
BLUE CLAY	90	230
SAND	220	270

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

Landowner Name: MILLER

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 HANFORD

12-25-07

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:

Acquirer _____

Well #: B-189

Elevation: _____

County: TATE
 Permit #: _____
 Driller: F. Langford
 Date completed: 12-13-07
 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>PHIP MILLERS</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Middon Valley 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 _____ 1/4 Sec: <u>31</u> T. <u>14</u> S. R. <u>8</u> W.
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type	Power Type
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>12-13-07</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>12-13-07</u>	Circle one
Static Water Level (A): <u>60</u> Feet Below Land Surface	Air Line _____ Electric Measuring Line _____ <u>Steel Tape</u>
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>15</u> Gallons Per Minute	Well yielded <u>15</u> GPM with a drawdown of
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<u>0</u> test after <u>4</u> hours of pumping

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

FRANK LANGFORD 2622
Print Name of Pump Installer and License No. (if applicable)

Frank Langford
Signature of Pump Installer