

County: TATE
 Permit #: _____
 Driller: E Langford
 Date drilling completed: 9-18-07

Well Driller Report
 MISSISSIPPI DEPARTMENT OF HEALTH
 P.O. BOX 10051
 JACKSON, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

See Only
 Aquifer: C-266
 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>ROY FREEMAN</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>New Garden Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Cold water</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec <u>31</u> Twn <u>4/5</u> Rng <u>6W</u>
Telephone No. (____) _____	Distance: <u>2</u> Miles Direction: <u>SW</u> of Nearest Town: <u>BEIT</u>

Well Data

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

Date well drilling started: 9-18-07 Date well drilling completed: 9-18-07

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

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 9-18-07

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

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Pentonite Mix

Casing length: 20 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: slotted PVC

Screen slot size: .013 inches Setting depth: From 110 feet to 120 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: None 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, cased, and completed in accordance with all applicable requirements of the Mississippi Department of Health.
 Environmental Quality and the Mississippi Department of Health regulations and state laws.

FRANK LANGFORD C-622 Frank Langford
 Print Name of "Water Well" Contractor and License No. Signature of Water Well Contractor

If well telescopes please stretch 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)254-6938 (fax)

For Office Use Only:

Aquifer _____

Well #: C-266

Elevation: _____

County: TATE
 Permit #: _____
 Driller: Frankford
 Date completed: 9-18-07
 Copy information from block on Part 1

This part of the report must be completed by a licensed water well constructor 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>RAY FREEMAN</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>NEW GARDEN RD</u>	Method of Lat/Long (check one): <u>Conventional Survey</u>
<u>COLDWATER</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>31 149 R 6W</u>
Telephone No () _____	Distance Direction Nearest Town
	<u>2 Miles N of BETT</u>

Pump Type Circle one	Power Type Circle one
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>9-18-07</u>	Setting Depth: <u>80</u> feet
Dated Pump Capacity: <u>12+</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-18-07</u>	Air Line Electric Measuring Line <u>Still Tape</u>
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>40</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	Well yielded <u>12+</u> GPM with a drawdown of
Test Pumping Rate: <u>12+</u> Gallons Per Minute	<u>5</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

RECEIVED

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

FRANK LANGFORD 0-622
 Print Name of Pump Installer and License No. (if applicable)

Frank Langford
 Signature of Pump Installer
 BY OLWR