

County: MADE  
 Permit #: \_\_\_\_\_  
 Driller: E. LANGFORD  
 Date drilling completed: 2/19/09

**Well Driller Report and Well Log**

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10531  
 Jackson, MS 39269-0631  
 (601) 961-5210  
 (601) 354-6938 (fax)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: C-275  
 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 Construction Information	Well Location
Owner Name: <u>Jeff Bechel (Builder Const)</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Spring Run Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Independence</u> <u>MS</u>	<u>1/4</u> <u>1/4</u> Sec <u>18</u> Twn <u>45</u> Rng <u>6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No: _____	<u>5</u> Miles <u>NW</u> of <u>Independence</u>

**Well Data**

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

Date well drilling started: 2/19/09 Date well drilling completed: 2/19/09

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

Static Water Level: NO feet above or below (circle one) land surface Date measured: 2/19/09

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

Hole depth: 140 Well depth: 140 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: slotted PVC

Screen slot size: 1/16 inches Setting depth: From 130 feet to 140 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.

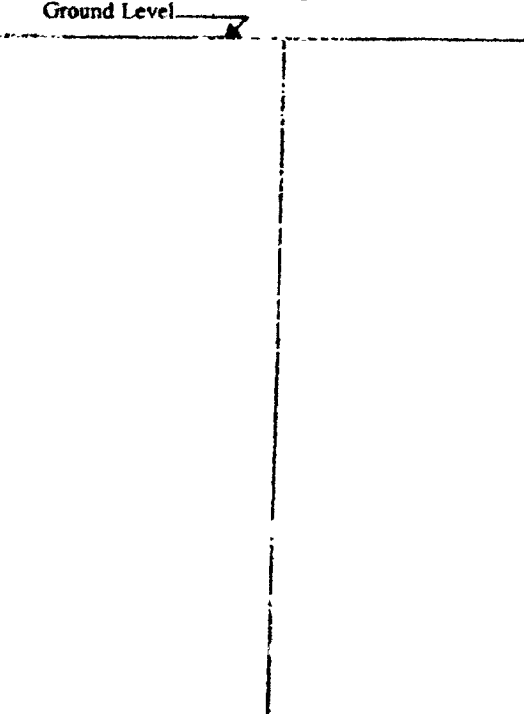
FRANK LANGFORD C-682  
 Print Name of Water Well Contractor and License No.

Frank Langford  
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

The sketch below only required for water wells

If well telescopes, show depths on sketch.

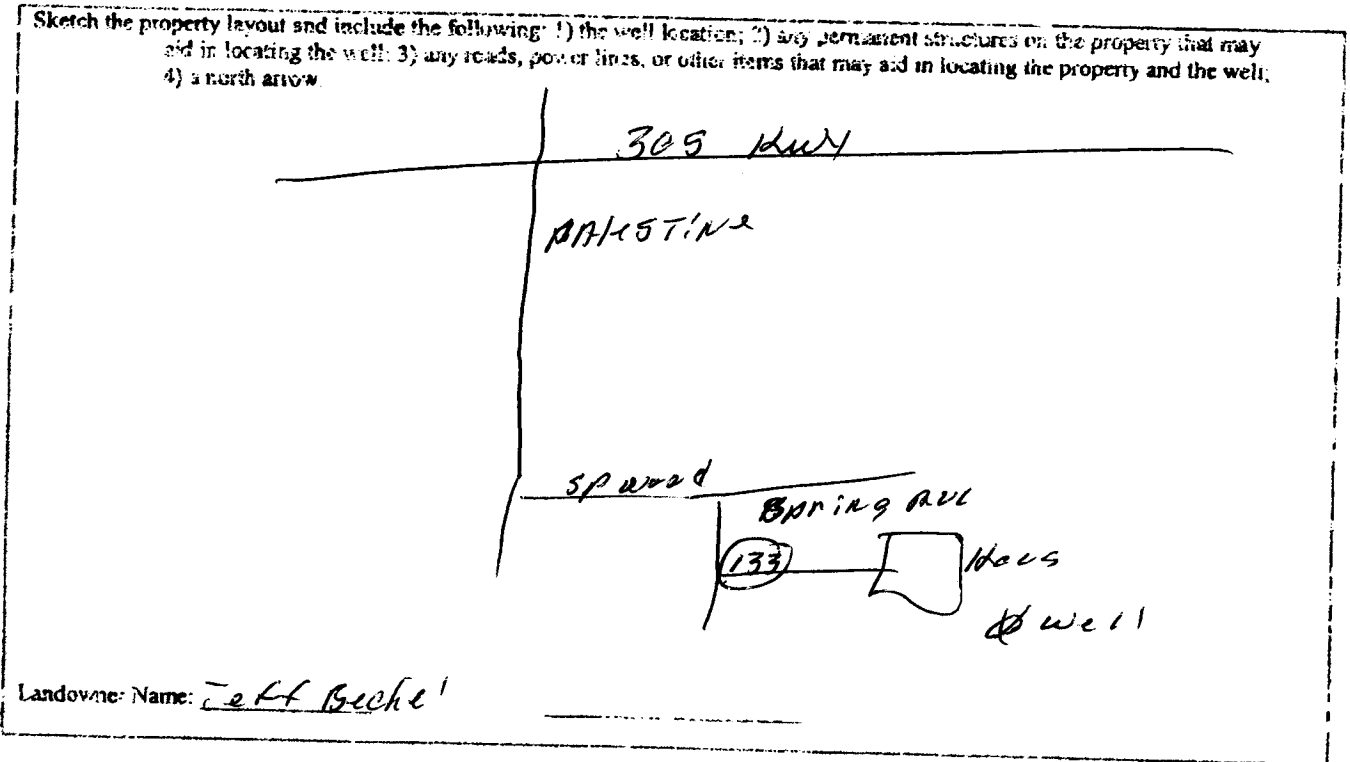


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
DIRT	0	10
R/SAND	10	20
SAND	20	30
w/CLAY/w SAND	30	90
w/ SAND	90	140

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.



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 0-612 3/3/09

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)

County: THTL  
 Permit #: \_\_\_\_\_  
 Driller: Frank Langford  
 Date completed: 2/19/09  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: C-275  
 Elevation: \_\_\_\_\_

*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>Jeff Bechel (Beider Const)</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Spring Run Rd</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey
<u>Independence</u> <u>MS</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>10</u> T <u>41S</u> R <u>6W</u>
Telephone No. _____	Distance Direction Nearest Town
	<u>5</u> Miles <u>NW</u> of <u>Independence</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="checkbox"/> <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>2/19/09</u>	Setting Depth: <u>90</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 Circle one
Date Well Tested: <u>2/19/09</u>	Air Line Electric Measuring Line <input checked="" type="checkbox"/> <u>Stick 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>0</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of
Test Pumping Rate: <u>15</u> Gallons Per Minute	<u>0</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Frank Langford 0-682 Frank Langford  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer