

County: TATE  
 Permit #: \_\_\_\_\_  
 Driller: F Langford  
 Date drilling completed: 2/25/08

### 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 #: C-276  
 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>RAY FREEMAN</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Allen AL</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	<u>1/4</u> <u>1/4</u> Sec <u>2</u> Twn <u>T45</u> Rng <u>6W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>3</u> Miles <u>NE</u> of <u>Independence</u>

**Well Data**

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

Date well drilling started: 2/25/08 Date well drilling completed: 2/25/08

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

Static Water Level: 10 feet above or below (circle one) land surface Date measured: 2/25/08

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: SLOTED PVC

Screen slot size: 0.15 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): \_\_\_\_\_

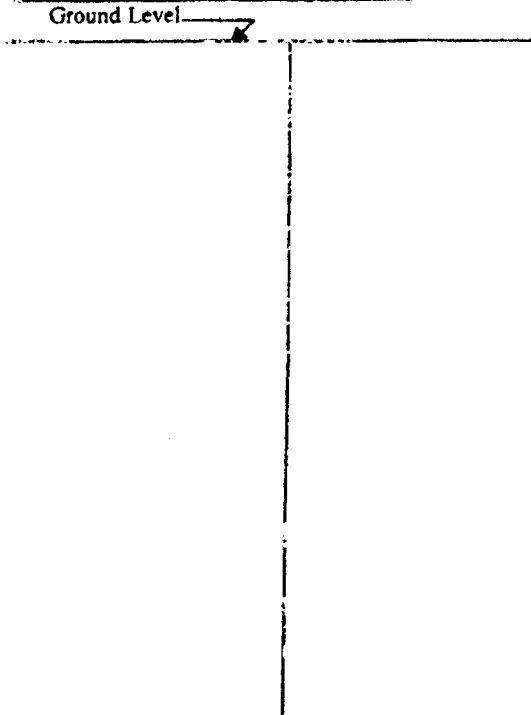
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

FRANK LANGFORD 0-622 Frank Langford  
 Print Name of Water Well Contractor and License No. 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	
DRT	0	10
R/SAND	10	20
SAND	20	30
w/CLAY/SAND	30	100
w/SAND	100	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.

Landowner Name: ABY FREEMAN

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 20-622      3/3/08      Frank Langford  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

**STATE WELL REPORT**

**Part 2**

**Pump Installer's Completion Report**

County TATE  
 Permit # \_\_\_\_\_  
 Driller E LANGFORD  
 Date completed 2-25-08

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6038 (fax)

For Office Use Only  
 Number C-276  
 Date \_\_\_\_\_  
 Signature \_\_\_\_\_

**This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.**

Well Owner Information	Well Location
Owner Name <u>RAY FREEMAN</u>	Latitude _____ Longitude _____
Mailing Address <u>Allen 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 _____ Twp <u>49</u> Rng <u>6W</u>
Telephone No. _____	Distance _____ Direction _____ Nearest Town _____
	<u>3</u> Miles <u>NE</u> of <u>Independence</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> <u>Electric Motor</u>	Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor _____
Date Pump Installed: <u>2-25-08</u>	Setting Depth <u>100</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>2-25-08</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel 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	
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> feet after <u>4</u> hours of pumping

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

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