| | | · · · · · · · · · · · · · · · · · · · | |
|---|---|---|--|
| - 71 the 137 | Well Driller Re | port and Well Log | For Office Use Only: |
| County:7474 137 | | | Aquifer: |
| 'ermit #: | Mississippi Department | Mississippi Department of Environmental Quality Office of Land and Water Resources | |
| Driller: <u>KLANSfor</u> | | fox 10631 | L. S. Elevation: |
| Date drilling completed: 3-17-05 | | S 39289-0631 | T ing fr |
| 1 0 10 00 . | | 961-5210 1-6938 (fax) | E-log #: |
| Langford Drilling | | | |
| State Law requires that this | report be prepared by the | driller in detail and filed wi | th the Department within |
| 30 days of completion of drilling of the well. Well Owner Information | | Well Location | |
| | - - | T (1) 9 7 | " Longitude:^" |
| Dwner Name <u>CIA-RevCe</u> | | | |
| Mailing Address: MAY 5 | Ré | Method of Lat/Long (circle | one): Conventional Survey, |
| No 91 | 1 yet | USGS quad, Hand-he | ld GPS, Survey-grade GPS |
| cold wa | State Zip Code - | ¹ / ₄ ¹ / ₄ Sec | 7 Twn 500 Rng 540 |
| City | State Zip Code ~ | | |
| Telephone No. () | | Miles | of while the second sec |
| - | | Data | |
| | | | |
| Purpose of Well (circle one) Home | Industrial Public Suppl | y Irrigation Fish Cult | ire Other: |
| Date well drilling started: 3~ | | | |
| Date well drilling started: | | ne wen unning completed. | |
| | | | |
| If flowing, method of flow regulation | : Valve Othe | | |
| | | er (describe) | |
| Static Water Level: <u>&O</u> | feet above or <u>below</u> (circle o | er (describe) ne) land surface _ Date meas | oured: <u>3 ~ 17 ~ 0 5</u> |
| Static Water Level: <u>& Ø</u> Method of Measurement (circle one) | feet above or <u>below</u> (circle of steel tape electric t | er (describe) ne) l <u>and surface</u> Date meas ape air line other: | sured: 3-17.05 STECI BALLONSTRIA |
| Static Water Level:f Method of Measurement (circle one) | feet above or <u>below</u> (circle of steel tape electric t | er (describe) ne) l <u>and surface</u> Date meas ape air line other: | sured: <u>3-17.05</u> STeel BAH ON STRA |
| Static Water Level: <u>&O</u> Method of Measurement (circle one) Hole depth: <u>190</u> W | feet above or <u>below</u> (circle of steel tape electric t ell depth: <u>120</u> | er (describe) ne) l <u>and surface</u> Date meas ape air line other: | sured: 3-17.05 STECI BALLONSTRIA |
| Static Water Level: <u>60</u> Method of Measurement (circle one) Hole depth: <u>190</u> Type of grout (circle one): Cemer | feet above or <u>below</u> (circle of steel tape electric t ell depth: <u>120</u> nt Bentonite M | er (describe) ne) l <u>and surface</u> Date meas rape air line other: Well grouted to a dept flix | sured: <u>3~17.05</u> <u>STeel BAI ON STRA</u> h of <u>10</u> feet |
| Static Water Level: <u>60</u> Method of Measurement (circle one) Hole depth: <u>190</u> W Type of grout (circle one): Cemer | feet above or <u>below</u> (circle of steel tape electric t ell depth: <u>120</u> nt Bentonite M | er (describe) ne) l <u>and surface</u> Date meas rape air line other: Well grouted to a dept flix | sured: <u>3~17.05</u> <u>STeel BAI ON STRA</u> h of <u>10</u> feet |
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| Static Water Level: <u>60</u> Method of Measurement (circle one) Hole depth: <u>170</u> W Type of grout (circle one): Cemer Casing length: <u>20</u> feet Screen length: <u>10</u> feet Screen slot size: <u>1013</u> in | feet above or <u>below</u> (circle or steel tape electric to ell depth: <u>120</u> nt Bentonite M Casing diameter: <u>4</u> Screen diameter: <u>4</u> ches Setting depth: Fro | er (describe) ne) l <u>and surface</u> Date meas ape air line other: Well grouted to a dept Aix inches Type of cas inches Type of scree m i 6 0 feet to | sured: <u>3 ~ 17 ~ 05</u> <u>5 T e e / 13 A 1 / 0 & 57 K 2</u> h of <u>10</u> feet ing: <u>PVC</u> een: <u>5 T o F T e d PUC</u> <u>170</u> feet |
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BY: OLWR

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| If more than one screen, show | location of each on sketch | | | | |
| ch tha man | include the following: 1) the sec | 11 [| | | |
| TH THE DEDDELLY ISVORT SUC | mendue die fonowing. I) die we | in location, 2) any permaner | it structures on the proper | ty that m | ay |
| aid in locating in | e weil; 3) any roads, power lines | , or other items that may aid | in locating the property a | nd the w | iell• |
| aid in locating th aid in locating th 4) indicate direct | e weil; 3) any roads, power lines | , or other items that may aid | in locating the property a | nd the w | vell; |
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| ato in locating in | e weil; 3) any roads, power lines | , or other items that may aic | DBI e | nd the w | vell; |
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| tch the property layout and aid in locating th 4) indicate direct | tion. | e or other items that may aid | | nd the w | |
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| 4) indicate direct | tion. | e or other items that may aid | | nd the w | |
| 4) indicate direct | umper interest | e or other items that may aid | | nd the w | |

MAR 2 5 2005 BY: OLWR

Flank Langford Signature of Water Well Contractor

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| | STATE W | ELL REPORT | | |
|--------------------------------|---|---|--------------------------------|--|
| County: TATL | Part 2 | | | |
| Pormit#: Driller: K LANGFOR | | t of Environmental Quality and Water Resources | Aquifer: | |
| Date completed: <u>3-/4-05</u> | P.O. H Jackson, M | Box 10631 1S 39289-0631 961-5210 | Elevation: | |
| | (601)35 repared by the pump installer in A copy of Part 1 of this report me | | | |
| | r Information | | Il Location | |
| Owner Name: CIMRE | NCE MAYS | Latitude: | Longitude: | |
| Mailing Address: No | gil yey | Method of Lat/Long (circle | one): Conventional Survey, | |
| | | USGS quad, Ha | and-held GPS, Survey-grade GPS | |
| <u>Coldu</u> | State Zip Code | ¹ / ₄ ¹ / ₄ Sec | 9 Twn 4.3 Rng 5 W | |
| Спу | State Lip Code | Distance Direction | n Nearest Town | |
| Telephone No. () | | Miles _N W | of while this ! | |
| | up Type cle one | | ower Type Circle one | |
| Air Lift Jet | Submersible | | oline Engine Natural Gas | |
| Bucket Pisto | on Turbine | Electric Motor Har | nd Tractor PTO | |
| Centrifugal Rota | ry Flowing Well | | er (specify): | |
| Other (specify): | | Horse Power Rating of Mo | tor: | |
| Date Pump Installed:3 | -14-09 | Setting Depth: | | |
| Rated Pump Capacity: | Gallons Per Minute | Number of Stages: | 2 | |
| Pump Test Data | | | easuring Water Level | |
| Date Well Tested: <u>3-</u> | 14-09 | | Measuring Line Steel Tape | |
| Static Water Level (A): | D Feet Below Land Surface | Other (specify): | | |
| Pumping Water Level (B): | Feet Below Land Surface | | | |
| Drawdown [(B) – (A)]: | S Feet <u>Below Land Surface</u> | For flowing well, measured | I shut in head:feet | |
| | Gallons Per Minute | • | GPM with a drawdown of | |
| Duration of Pump Test (minim | num 4 hours): <u><u> </u></u> | feet after | rhours of pumping | |
| I HEREBY CERTIFY that the | above statements are true to the be | est of my knowledge. | A RECEIVE | |
| FRANK LANGSE | RC 0-622 | Feart Fa | mgo mi MAR 2 5 2005 | |
| Print Name of Pump Installer a | and License No. (if applicable) | Signature of Pump Ins | BY: OLW | |