

County: Late
 Permit #: _____
 Driller: FRANK LANGFORD
 Date drilling completed: 3-2-06

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 #: D-121
 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>BETT Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>NO 911 YET</u>	_____ 1/4 _____ 1/4 Sec <u>32</u> Twn <u>45 SW</u> Rng <u>5W</u>
<u>COLDWATER MS</u>	Distance _____ Direction _____ Nearest Town _____
City _____ State _____ Zip Code _____	_____ Miles _____ of _____
Telephone No. (____) _____	

Well Data

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

Date well drilling started: 2-16-06 Date well drilling completed: 3-2-06

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

Static Water Level: 65 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 165 Well depth: 165 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: .013 inches Setting depth: From 155 feet to 165 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, 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.

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 MAR 30 2006
 BY: OLWR

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

Number: _____
 Well: D-121
 Elevation: _____

County: _____
 Permit #: _____
 Driller: F LANGFORD
 Date completed: 3-2-06

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>BETT R 2</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Coldwater MS</u>	$\frac{1}{4}$ _____ $\frac{1}{4}$ Sec <u>32</u> Twn <u>N 9</u> Rng <u>S W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (_____) _____	<u>1 1/2</u> Miles <u>S</u> of <u>WALL HILL</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): _____	Horse Power Rating of Motor: <u>3/4</u>
Other (specify): _____	Setting Depth: <u>120'</u> feet
Date Pump Installed: <u>3-2-06</u>	Number of Stages: <u>12</u>
Rated Pump Capacity: <u>12</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-2-06</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>65</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>65</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>60</u> Feet Below Land Surface	Well yielded <u>15+</u> GPM with a drawdown of _____
Test Pumping Rate: <u>15+</u> Gallons Per Minute	_____ 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 0-622
 Print Name of Pump Installer and License No. (if applicable)

Frank Langford RECEIVED
 Signature of Pump Installer

MAR 30 2006
 BY: OLWR