

County: Lata
 Permit #: _____
 Driller: FRANK FORK
 Date drilling completed: 3-15-06

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-122
 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>PATTS</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>PATTICK RD</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>WALL HILL</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>COLDWATER MS</u> | _____ 1/4 _____ 1/4 Sec <u>28</u> Twn <u>43</u> Rng <u>5W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. (____) _____ | <u>1</u> Miles <u>W</u> of <u>WALL HILL</u> |

Well Data

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

Date well drilling started: 3-14-06 Date well drilling completed: 3-5-06

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

Static Water Level: 90 feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 170 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 165 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 0622 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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 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:

Aquifer: _____
 Well #: D-122
 Elevation: _____

County: _____
 Permit #: _____
 Driller: FRANK R
 Date completed: 3-15-06

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>PATTS</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>PATRICK R R</u> <u>WALL HILL</u> <u>COLD WATER MS</u> City State Zip Code | Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS |
| Telephone No. (_____) _____ | Distance Direction Nearest Town <u>1 Miles W of 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> |
| Date Pump Installed: <u>3-15-06</u> | Setting Depth: <u>120</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>3-15-06</u> | Air Line Electric Measuring Line <u>Steel Tape</u> |
| Static Water Level (A): _____ Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>80</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>194</u> GPM with a drawdown of |
| Test Pumping Rate: <u>154</u> Gallons Per Minute | <u>0</u> feet after <u>4 1/2</u> hours of pumping |
| Duration of Pump Test (minimum 4 hours): <u>4 1/2</u> hours | |

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

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

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 BY: OLWR