County: Jak
Permit #:
Driller: FLANG FORE
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-/22
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.

30 days of completion of drilling of the well.					
Well Owner Information	Well Location				
Owner Name	Latitude:°" Longitude:°"				
Mailing Address: PARTICK RE	Method of Lat/Long (circle one): Conventional Survey,				
WAII Will	USGS quad, Hand-held GPS, Survey-grade GPS				
coldwater ms	1/41/4 Sec				
City State Zip Code					
Telephone No. ()	Distance Direction Nearest Town  Miles of WM// 15-11				
Well	Data				
	The state of the s				
Purpose of Well (circle one) Home Industrial Public Suppl					
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:feet above or below (circle one) land surface Date measured:					
Method of Measurement (circle one) steel tape electric tape air line other:					
Hole depth: Well depth: Well grouted to a depth of feet					
Type of grout (circle one): Cement Bentonite M	fix				
Casing length: 20 feet Casing diameter: 4	inches Type of casing: PVC				
Screen length: 10 feet Screen diameter: 4 inches Type of screen: 510 Tel PVC					
Screen slot size:inches Setting depth: From	m 165 feet to 165 feet				
Type of completion (circle all applicable): Gravel packed Ur	nderreamed Telescoped Open hole Natural Development				
Other (describe):					
Top of lap pipe or reduction in casing: Wand feet. I	f 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):	Supplied to the supplied to th				
I certify that the well was drilled, constructed, and completed in accordance					
Environmental Quality and/or the Mississippi Department of Health regulati	CO				
	Frank Langbow				
FRANKLARGERE 0-622					
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor				

If well telescopes please sketch below and show depths.

MAR 3 0 2006

BY: OLWR

Ground Level	Description of Formations Encountered	From	То
Otoma Level	0:27.	0	20
	RISARD	20	30
	SAN L	30	70
	Mixed W/C/AY/SAND	70	Ice
	WIGANE	100	120
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If more than one screen, show location of each on sketch	the tree of the pro-		

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) indicate direction.

MIN Idill Rd

parkiek Rd

@ well

Landowner Name: MANGE! POTTS

Signature of Water Well Contractor

**RECEIVED** 

MAR 3 0 2006

BY: OLWR

## STATE WELL REPORT

## Part 2

## **Pump Installer's Completion Report**

County: Mississippi Department of Environmental Quality Driller: FLANGFOX K Office of Land and Water Resources P.O. Box 10631

	For Office Use Only:
Aquifer	
$W_{\mathcal{C}_{i}^{(1)}}$ =	D-122
Elevatio	41.

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  Owner Name: POTTS  Mailing Address: PATRick Rk  Method of Lat/Long (circle one): Conventional Survey.  USGS quad. Hand-held GPS, Survey-grade GP  Cold WATH MS  City State Zip Code  Distance Direction Nearest Town  Miles W of WALL IN		n, MS 39289-0631 01)961-5210	Date completed: 3-19-06  Jackson, (60)
Well Owner Information  Owner Name: POTTS  Mailing Address: PATRick Rk  Well Location  Latitude: Longitude:  Method of Lat/Long (circle one): Conventional Survey,  USGS quad. Hand-held GPS, Survey-grade GP  Cold WATH MS  City State Zip Code  Distance Direction Nearest Town    Miles W of WALL Idiff   Pump Type   Circle one   Power Type   Circle one   Powe	e	in detail and filed with the Department within 30 days of the	This report must be prepared by the pump installer i
Mailing Address: PATRick Rk  WALL INCIL  Cold WATH MS City State Zip Code  Pump Type Circle one  Method of Lat/Long (circle one): Conventional Survey.  USGS quad. Hand-held GPS, Survey-grade GP  4 Sec Z 8 Twn 4 5 Rng 5 ac  Distance Direction Nearest Town  Miles w of wall 12:11  Pump Type Circle one  Circle one			
WAN WIN MS  Cold WATH MS  City State Zip Code  Distance Direction Nearest Town  Miles W of WAN IA!  Pump Type Circle one  Power Type Circle one		Latitude:Longitude:	Owner Name: POTTS
Cold WH7-IN MS City State Zip Code  Distance Direction Nearest Town  Miles W of While Idiff  Pump Type Circle one  Power Type Circle one	>	Method of Lat/Long (circle one): Conventional Survey,	
City State Zip Code  Distance Direction Nearest Town    Miles   W of   While   W of   While   W of   Circle one   Circle o	S	USGS quad. Hand-held GPS, Survey-grade GP	WAN Lill
Telephone No. ()  Distance  Direction  Nearest Town  Miles  Of While   Direction   Nearest Town  Miles   Direction   Nearest Town  Miles   Direction   Nearest Town  Power Type   Circle one   Circl	)	1/4 Sec 28 Twn 45 Rng 5 a	
Pump Type Circle one  Power Type Circle one		Distance Direction Nearest Town	City State Zip Code
Circle one			Telephone No. ()_
Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Ga		· ·	
	as	Diesel Engine Gasoline Engine Natural G	Air Lift Jet Submersible
Bucket Piston Turbine Electric Motor Hand Tractor PTo	О	Electric Motor Hand Tractor PT	Bucket Piston Turbine
Centrifugal Rotary Flowing Well Windmill Other (specify):			Centrifugal Rotary Flowing Well
Other (specify): Horse Power Rating of Motor: 34	-	Horse Power Rating of Motor: 34	Other (specify):
Date Pump Installed: 3-15-06 Sctting Depth: 120 feet	The state of the s		Date Pump Installed: 3-15-06
Rated Pump Capacity: 12 Gallons Per Minute Number of Stages: 12	of the company of the state of	Number of Stages: 12	Rated Pump Capacity: Gallons Per Minute
Pump Test Data  Method of Measuring Water Level Circle one			Pump Test Data
Date Well Tested: 3-19-96	)		Date Well Tested: 3-19-96
Static Water Level (A): Feet Below Land Surface Air Line Electric Measuring Line Steel Tape			Static Water Level (A):Feet Below Land Surface
Pumping Water Level (B): Feet Below Land Surface Other (specify):	-	Other (specify):	Pumping Water Level (B): Feet Below Land Surface
Drawdown [(B) - (A)]: Feet Below Land Surface For flowing well, measured shut in head: feet	t	For flowing well, measured shut in head:fee	Drawdown [(B) – (A)]:Feet Below Land Surface
Test Pumping Rate: 15 + Gallons Per Minute Well yielded 19 + GPM with a drawdown of	And the state of t		
Duration of Pump Test (minimum 4 hours): 42 hours O feet after 42 hours of pumping	g	Offeet after 42 hours of pumpin	Duration of Pump Test (minimum 4 hours): 42 hours

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

FRANK LYN9 fond C-622 Print Name of Pump Installer and License No. (if applicable)

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