

County: TATE  
 Permit #: \_\_\_\_\_  
 Driller: FRANK FORD  
 Date drilling completed: 7-28-06

**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-125  
 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>PATRICIA MOSS</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>BETT RD (2455)</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>COLDWATER</u> <u>INDEPENDENCE MS</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. ( ) _____	_____ 1/4 _____ 1/4 Sec <u>31</u> Twn <u>N 5</u> Rng <u>S W</u>
	Distance Direction Nearest Town <u>3rd</u> Miles <u>3 E</u> of <u>INDEPENDENCE</u> <u>DRIVE W HWY @ BETT</u>

**Well Data**

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

Date well drilling started: 7-28-06 Date well drilling completed: 7-28-06

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 7-28-06

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

Hole depth: 160 Well depth: 160 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: PVE

Screen length: 10 feet Screen diameter: 4 inches Type of screen: slotted PVE

Screen slot size: 0.13 inches Setting depth: From 140 feet to 150 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 FORD 0-622  
 Print Name of Water Well Contractor and License No.

Frank Langford  
 Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level

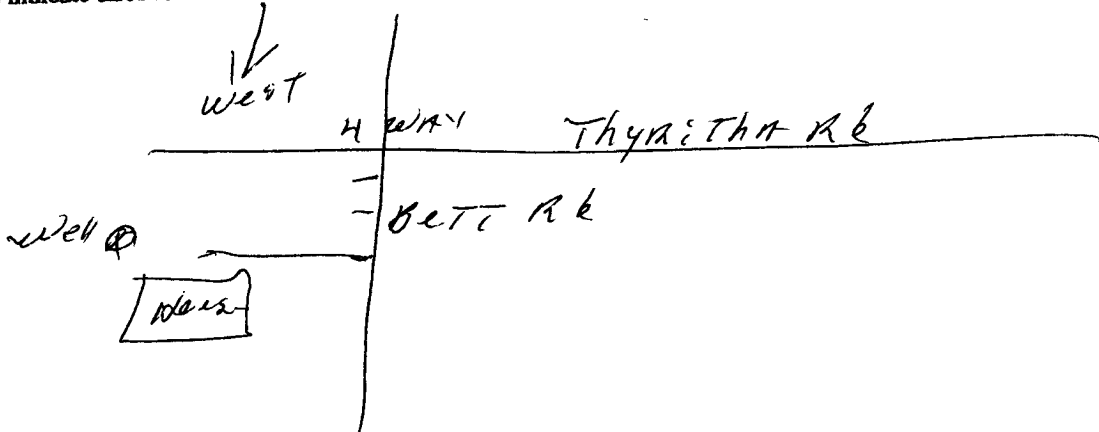
Description of Formations Encountered

From To

		0	10
	DIRT		
	R/SAND	10	30
	SAND	30	80
	W/CLAY/W SAND	80	100
	W/SAND	100	160

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) indicate direction.



Landowner Name: PATRICKA MOSBY

*Frank Langford*  
Signature of Water Well Contractor

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**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)

County: TATE  
Permit #: \_\_\_\_\_  
Driller: J. LANGFORD  
Date completed: 7-28-06

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: D-125  
Elevation: \_\_\_\_\_

**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>PATRICIA MOSS</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2455 BETT RD</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Coldata MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 31 Twn 4 S Rng 5 W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input 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> <input type="checkbox"/> 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: <u>3/4</u>
Date Pump Installed: <u>7-28-06</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>7-28-06</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</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>15+</u> GPM with a drawdown of
Test Pumping Rate: <u>15+</u> Gallons Per Minute	<u>0</u> 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)

**RECEIVED**  
Frank Langford  
Signature of Pump Installer  
AUG 24 2006

**BY: OLWR**