

For Office Use Only:

Well Driller Report and Well Log

County: TATE
 Permit #: _____
 Driller: FRANK LANGFORD
 Date drilling completed: 10-20-06

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)

Aquifer: _____
 Well #: D-128
 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>AMY FREEMAN</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>BETT Rk</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Caldwater MS</u> City State Zip Code | <u>1/4 1/4 Sec 32 Twn 45 Rng 5W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town <u>1 Miles E of BETT</u> |

Well Data

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

Date well drilling started: 10-13-06 Date well drilling completed: 10-20-06

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

Static Water Level: 70 feet above or below (circle one) land surface Date measured: 10-20-06

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

Hole depth: 170 Well depth: _____ 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: 5/16" PVC

Screen slot size: .010 inches Setting depth: From 160 feet to 170 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 LANGFORD 0-622
 Print Name of Water Well Contractor and License No.

Frank Langford NOV 27 2006
 Signature of Water Well Contractor

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 BY: OLWR

If well telescopes please sketch below and show depths:
 If well telescopes please sketch below and show depths:

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County _____
 Permit # _____
 Driller: FRANKFORD
 Date completed: 10-20-06

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-128
 Date: _____

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 L</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> City State Zip Code | 1/4 Sec <u>32</u> Twp <u>4 S</u> Rng <u>5 W</u> |
| Telephone No.: _____ | Distance: _____ Direction: _____ Nearest Town: _____ |
| | <u>1</u> Miles <u>E</u> of <u>BETT</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift: <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible | 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 checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO |
| Centrifugal: <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well | Windmill: <input type="checkbox"/> Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>3/4</u> |
| Date Pump Installed: <u>10-20-06</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>10-20-06</u> | Air Line: <input type="checkbox"/> Electric Measuring Line: <input type="checkbox"/> <input checked="" type="checkbox"/> Steel Tape |
| Static Water Level (A): <u>70</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>70</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 _____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>15 +</u> Gallons Per Minute | |
| Duration of Pump Test (minimum 4 hours): <u>5</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 NOV 27 2006
 Signature of Pump Installer

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 BY: OLWR