

County: ITALE
 Permit #: _____
 Driller: F. Langford
 Date drilling completed: 10-23-06

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-129
 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>FOR E</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>MAYS ROAD</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>COLDWATER MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 9 Twn 45 Rng SW</u>
Telephone No. () _____	Distance Direction Nearest Town
	Miles of _____

Well Data

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

Date well drilling started: 10-23-06 Date well drilling completed: 10-23-06

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 10-23-06

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: 3107-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.

Kevin Langford C-622 Frank Langford NOV 27 2006
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor
 BY: OLWR

If well telescopes please sketch below and show depths.

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County ITTE
 Permit # _____
 Driller IF LANGFORD
 Date completed 10-23-00

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5216
 (601)354-6938 (fax)

For Office Use Only
 Number _____
 Date D. 129
 File # _____

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>FOR K</u>	Latitude _____ Longitude _____
Mailing Address <u>MAYS R L</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Coldwater MS</u> City State Zip Code	USGS quad. Hand-held GPS. Survey-grade GPS
Telephone No. (____) _____	1/4 _____ 1/4 Sec <u>9</u> Twn <u>4 S</u> Rng <u>5 W</u>
	Distance _____ Direction _____ Nearest Town _____
	<u>5</u> Miles <u>E</u> of <u>INDEXPENCE</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" 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>	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>10-</u>	Setting Depth <u>140</u> feet
Rated Pump Capacity <u>15+</u> Gallons Per Minute	Number of Stages <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested <u>10-23-00</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A) <u>90</u> Feet Below Land Surface	Other (specify) _____
Pumping Water Level (B) <u>90</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	_____ 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 0-617
 Print Name of Pump Installer and License No. (if applicable)

Frank Langford
 Signature of Pump Installer

RECEIVED
 NOV 27 2006
BY: OLWR