

County: TATE
 Permit #: _____
 Driller: FRANK LANGFORD
 Date drilling completed: 12-14-06

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-131
 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>RAY FREIMAN</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>BETT RD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>COLDWATER MS</u>	<u>1/4 1/4 Sec 32 Twn 4 S Rng 5 W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>3 Miles W of ZEPHERUS</u>

Well Data

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

Date well drilling started: 12-14-06 Date well drilling completed: 12-14-06

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 12-14-06

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

Hole depth: 150 Well depth: 150 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: stated PVC

Screen slot size: .013 inches Setting depth: From 170 feet to 180 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 0-612
 Print Name of Water Well Contractor and License No.

Frank Langford
 Signature of Water Well Contractor

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 BY: OLWR

If well telescopes please sketch below and show depths.

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County: TALLET
 Name: F LANGFORD
 Date completed: 12-14-06

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 305 Rex Road
 Jackson, MS 39289-0631
 (601) 961-5210
 (601) 354-6938 (fax)

Office Use Only
D-131

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>BUTTE</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>CALDWATER MS</u> City State Zip Code	Section: <u>32</u> Town: <u>49</u> Range: <u>5W</u>
Telephone No.: _____	Distance: <u>3</u> Miles <u>W</u> of <u>INDEPENDENCE</u>

Pump Type (Circle one)	Power Type (Circle one)
<input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Hand <input type="checkbox"/> Tractor (PTO) <input type="checkbox"/> Other (specify) _____
<input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Flowing Well	<input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify) _____
Date Pump Installed: <u>12-14-06</u>	Horse Power Rating of Motor: <u>3/4</u>
Rated Pump Capacity: <u>15+</u> Gallons Per Minute	Setting Depth: <u>120</u> feet
	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level (Circle one)
Date Well Tested: <u>12-14-06</u>	<input type="checkbox"/> Automatic <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>80</u> 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>15+</u> GPM with a drawdown of _____
Test Pumping Rate: <u>15+</u> Gallons Per Minute	Duration of Pump Test (minimum 4 hours): <u>1 1/2</u> hours
Duration of Pump Test (minimum 4 hours): <u>1 1/2</u> hours	Duration of Pumping: <u>1 1/2</u> hours of pumping

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

FRANK LANGFORD 0-612
 Print Name of Pump Installer and License No. (if applicable)

Frank Langford
 Signature of Pump Installer

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 DEC 29 2006
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