

State Well Report

Part 1 - Driller's 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)

County: TATT
Permit #: _____
Driller: F. HARGROVE
Date drilling completed: 6-19-07

For Office Use Only:
Aquifer: _____
Well #: D-134
L. S. Elevation: _____
E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Well Information on Well Owner	Well or Borehole Location
Well # <u># 2</u> (Landowner if borehole is not for a water well)	Latitude: _____ Longitude: _____
Owner Name <u>Greg FARRIN</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
Mailing Address: <u>BETTRAK</u>	<u>1/4</u> <u>1/4</u> Sec <u>32</u> Twn <u>41 S</u> Rng <u>5 W</u>
<u>COLDWATER MS</u> City State Zip Code	Distance Direction Nearest Town <u>3</u> Miles <u>W</u> of <u>Independence</u>
Telephone No. () _____	

Well / Borehole Data

Date drilling started: 6-19 Date drilling completed: 6-27 Hole depth: 180 Hole diameter: 6 7/8

Location of the source of any surface water used for drilling: same well
Method of dosing and volume of Chlorine used in drilling and development: 2 GAL CHLORIN

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____
(Attach copy of log to this report)

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
Seismic Survey _____ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

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

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

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 6-19-07

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

Well depth: 180 Well grouted to a depth of 10 feet Type of grout (circle one): Neat 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: SLOT 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: NONE feet. *If telescoped or more than one screen, describe on next page*

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BY: OLWR

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)

For Office Use Only:

Aquifer: _____
 Well #: D-134
 Elevation: _____

County: TATE
 Permit #: _____
 Driller: FRANK FORK
 Date completed: 6-18-07
Copy information from block on Part 1

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Well # <u>21</u> Owner Name: <u>Craig FARROW</u> Mailing Address: <u>BETT RD</u> _____ <u>COPOL WATER MS</u> City State Zip Code Telephone No. () _____	Latitude: _____ Longitude: _____ Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec <u>32 T 49 R 5W</u> Distance Direction Nearest Town <u>3</u> Miles <u>W</u> of <u>INDEPENDENCE</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>6-18-07</u> Rated Pump Capacity: <u>12</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>3/4</u> 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>6-18-07</u> Static Water Level (A): <u>50</u> Feet Below Land Surface Pumping Water Level (B): <u>50</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface Test Pumping Rate: <u>154</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line Electric Measuring Line <u>Steel Tape</u> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded <u>154</u> GPM with a drawdown of <u>0</u> feet after <u>4</u> hours of pumping

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
 Signature of Pump Installer

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BY: OLWR