

County: 7172  
 Permit #: \_\_\_\_\_  
 Driller: ERNAHAGFORD  
 Date drilling completed: 7-25-07

### 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-137  
 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>KIRK MOORE</u>            | Latitude: _____ Longitude: _____                              |
| Mailing Address: <u>CHERRY TREE LANE</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                      | _____ 1/4 _____ 1/4 Sec <u>32</u> Twn <u>19</u> Rng <u>5W</u> |
| Telephone No. ( ) _____                  | Distance Direction Nearest Town                               |
|  | <u>2</u> Miles <u>S</u> of <u>WALHILL</u>                     |

**Well Data**

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

Date well drilling started: 7-25-07 Date well drilling completed: 7-25-07

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

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 7-25-07

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

Hole depth: 100 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 90 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: SLOTTED PVC

Screen slot size: .013 inches Setting depth: From 90 feet to 100 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 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.

ERNAHAGFORD 0-622  
 Print Name of Water Well Contractor and License No.

Frank Longwell  
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.



# 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: E LANGFORD  
 Date completed: 7-25-07  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: D-137  
 Elevation: \_\_\_\_\_

*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   |
|--|---|
| Owner Name: <u>KIRK MOORE</u>          | Latitude: _____ Longitude: _____  |
| Mailing Address: <u>CHERRY TREE LA</u> | Method of Lat/Long (check one): Conventional Survey <input checked="" type="checkbox"/> |
| <u>COLDWATER MS</u>                    | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____                            |
| City State Zip Code                    | _____ 1/4 _____ 1/4 Sec <u>31T49R5W</u>   |
| Telephone No. ( ) _____                | Distance Direction Nearest Town   |
|  | <u>2</u> Miles <u>S</u> of <u>WALL HILL</u>   |

| Pump Type<br>Circle one                                   | Power Type<br>Circle one   |
|---|--|
| Air Lift Jet <input checked="" type="radio"/> Submersible | Diesel Engine Gasoline Engine Natural Gas                        |
| Bucket Piston Turbine                                     | <input checked="" type="radio"/> Electric Motor Hand Tractor PTO |
| Centrifugal Rotary Flowing Well                           | Windmill Other (specify): _____                                  |
| Other (specify): _____                                    | Horse Power Rating of Motor: <u>3/4</u>                          |
| Date Pump Installed: <u>7-25-07</u>                       | Setting Depth: <u>90</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<br>Circle one                                |
|--|--|
| Date Well Tested: <u>7-25-07</u>                           | Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape |
| Static Water Level (A): <u>50</u> Feet Below Land Surface  | Other (specify): _____   |
| Pumping Water Level (B): <u>50</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet                          |
| Drawdown [(B) - (A)]: <u>10</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>10</u> feet after <u>5</u> hours of pumping                               |
| 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.

ERANK LANGFORD 0622 Frank Langford  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer