

County: TATE
 Permit #: _____
 Driller: E Langford
 Date drilling completed: 8-23-07

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-141
 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 Ln</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Coldwater 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>2 Miles SW of Wall Hill</u>

Well Data

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

Date well drilling started: 8-23-07 Date well drilling completed: 8-23-07

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 8-23-07

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

Hole depth: 200 Well depth: 200 Well grouted to a depth of 10

Type of grout (circle one): Cement Bentonite Mix

Casing length: 20 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: slotted PVC

Screen slot size: .015 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 OGE
 Print Name of Water Well Contractor and License No. Frank Langford
Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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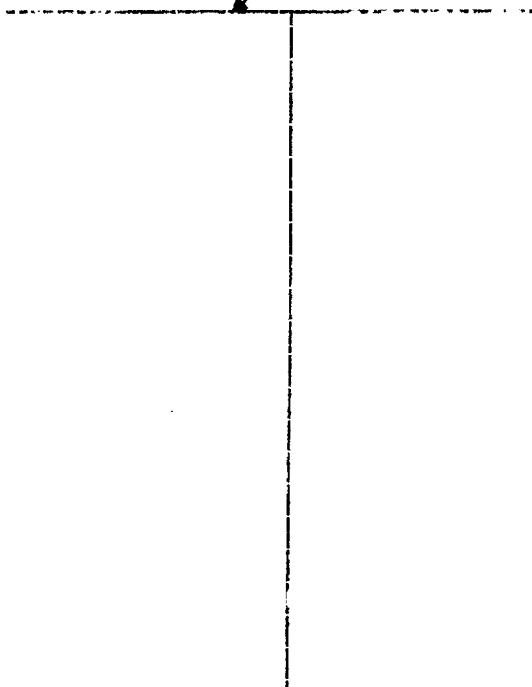
D-141

The sketch below only required for water wells.

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations.

If well telescopes, show depths on sketch.

Ground Level: _____



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
SAND	0	20
CLAY SAND	20	40
SAND	40	60
CLAY CLAY	60	120
MID CLAY SAND	120	160
SAND	160	200

If more than one screen, show location of each on sketch.

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well. Show north arrow.

Landowner Name: FRANK LANGFORD

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

FRANK LANGFORD ⁰⁻⁶²² 9-14-07 Frank Langford
Print Name of Responsible Licensee and License No. Date Signature of Licensee

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: TALLET
 Permit #: _____
 Driller: Frank Langford
 Date completed: 8-23-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: D-141
 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 Liv</u>	Method of Lat/Long (check one): <u>conventional Survey</u>
<u>Coldwater MS</u>	_____, Survey-grade GPS
City State Zip Code	<u>1/4 Sec 32 T45 R5W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>2 mile SW of Wall Hill</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/>	Diesel Engine <input type="checkbox"/>
Submersible <input checked="" type="checkbox"/>	Gasoline Engine <input type="checkbox"/>
Bucket Piston <input type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/>
Centrifugal <input type="checkbox"/>	Hand <input type="checkbox"/>
Other (specify): _____	Tractor PTO <input type="checkbox"/>
Date Pump Installed: <u>8-23-07</u>	Horse Power Rating of Motor: <u>3/4</u>
Rated Pump Capacity: <u>15</u> Gallons per Minute	Serial Length: <u>140</u>
	Number of Stages: <u>12</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>8-23-07</u>	Air Line <input type="checkbox"/>
Static Water Level (A): <u>80</u> Feet Below Land Surface	Electric Measuring Line <input type="checkbox"/>
Pumping Water Level (): <u>40</u> Feet Below Land Surface	Steel Tape <input checked="" type="checkbox"/>
Drawdown [(B) - (A)]: <u>None</u> Feet Below Land Surface	Other (specify): _____
Test Pumping Rate: <u>15</u> Gallons Per Minute	Length of well measured at in feet: _____ feet
Duration of Pump Test (minimum 4 hours): <u>1 1/2</u> hours	Well yielded <u>15</u> GPM with a drawdown of _____ feet after <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 0-622 Frank Langford
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer