

County MITE
 Permit #: _____
 Official: E. H. Magfar 6
 Date drilling completed: 8-30-07

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)354-4538 (fax)

For Office Use Only

Aquifer: _____
 Well #: D-142
 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>NARDIN</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>SUNSET DR.</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>21</u> Twn. <u>4 S</u> Rng. <u>5 W</u>
Telephone No. (____) _____	Distance: <u>2</u> Miles Direction: <u>NW</u> of <u>WALL HILL</u>
	<u>JACKSON-MARSHALL CO LINE</u>

Well Data

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

Date well casing started: 8-20-07 Date well drilling completed: 8-30-07

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

Static Water Level: 80 feet above or (circle one) below land surface Date measured: 8-30-07

Method of measurement (circle one): stand type electric tape air line other: _____

Hole depth: 160 Well depth: 170 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: 20 feet Screen diameter: 4 inches Type of screen: 510 Td PVC

Screen slot size: 1013 inches Setting depth: From 140 feet to 150 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

Log(s) run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

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 SEP 21 2007
 BY: OLWR

I certify that the well was drilled, constructed, or 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.

E. H. Magfar 6 0622
 Print Name of Water Well Contractor and License No.

Frank Langford
 Signature of Water Well Contractor

If well telescoped, please sketch below and show depths.

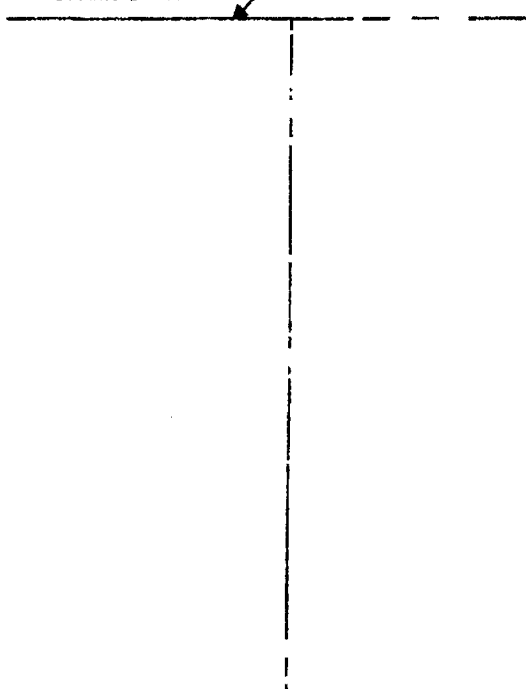
D-142

The sketch below only required for water wells

Description of formations encountered must be provided for all wells on borehole unless specifically exempted by regulations

If well telescopes, show depth on sketch

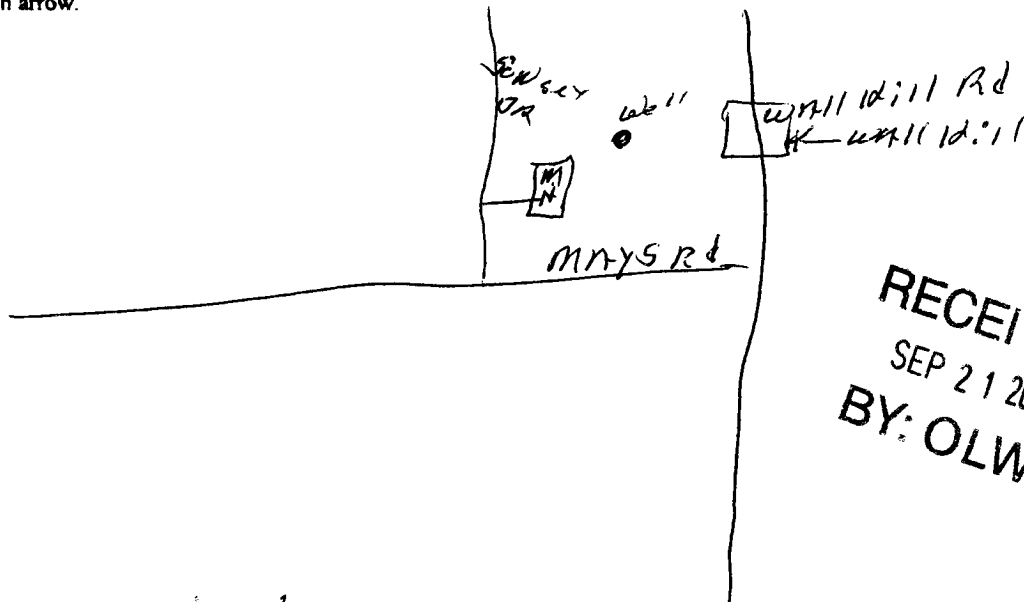
Ground Level \rightarrow



Description	From (depth)	To (depth)
	Ground Level	
SAND	0	10
SAND	10	20
SAND	20	60
MIXED CLAY	60	100
SAND	100	170

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; 4) a north arrow.



Landowner Name: WADIN

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 0692 9-14-07

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

STATE WELL REPORT

County: TATE
 Permit #: _____
 Driller: J. LANGFORD
 Date completed: 9-23-07
Copy information from block on Part 1

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-142
 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>WARDIN</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>SUNSET DRIVE</u>	Method of Lat/Long (check one): <u>Conventional Survey</u>
<u>CO. KENTON MS</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>21</u> _____ 1/4 _____ 1/4 Sec <u>3 B T 21 S R 5 W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	<u>2</u> Miles <u>NW</u> of <u>WINDMILL</u> <u>TATE - MISSISSIPPI CO. LINE</u>

Pump Type Circle one	Pewer Type Circle one
Air Lin _____ <input type="checkbox"/>	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket _____ Piston _____ Turbine _____	<u>Electric Motor</u> _____ Hand _____ Tractor PTO _____
Centrifugal _____ Rotary _____ Flowing Well _____	Windmill _____ Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>8-23-07</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>12</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-23-07</u>	Air Line _____ Electric Measuring Line _____ <u>Steel Tape</u> _____
Static Water Level (A): _____ 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 yields <u>12</u> GPM with a drawdown of _____
Test Pumping Rate: <u>12</u> Gallons Per Minute	<u>0</u> 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 0622 Frank Langford
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer