

County: TNTR  
 Permit #: \_\_\_\_\_  
 Driller: R. MAGFORD  
 Date drilling completed: 9-22-09

**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-143  
 U.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>Sherman</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>MAY 5 RD</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	<u>1/4</u> <u>1/4</u> Sec <u>21</u> Twn <u>N 5</u> Rng <u>5 W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>2</u> Miles <u>NW</u> of <u>WHL Hill</u>

**Well Data**

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

Date well drilling started: 9-22-09 Date well drilling completed: 9-22-09

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

Static Water Level: 50 feet above or below (circle one) land surface Date measured: 9-22-09

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

Well depth: 170 Well depth: 170 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 BY OLWR

Screen length: 10 feet Screen diameter: 4 inches Type of screen: 5/16" Tied PVC

Screen slot size: 0.13 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: \_\_\_\_\_

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

Frank Magford  
 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: FAIR  
 Permit #: \_\_\_\_\_  
 Driller: FRANK FORD  
 Date completed: 9-22-07  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: D-143  
 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>Sherman</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>MAYS RL</u>	Method of Lat/Long (check one): <u>Conventional Survey</u>
<u>COLD WATER MS</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>1/4 1/4 Sec R1 T45 R5W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>2 Miles NW of Mill Hill</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	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: <u>3/4</u>
Date Pump Installed: <u>9-22-07</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>15 1/2</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>9-22-07</u>	Air Line Electric Measuring Line 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	<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 0-622 Frank Langford  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer