

Permit # INTC  
 Driller: E LARGFORD  
 Date drilling completed: 9-14-07

**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)961-5710  
 (601)354-6938 (fax)

For Office Use Only  
 Aquifer: \_\_\_\_\_  
 Well ID: E-54  
 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>SMITH</u>	Latitude: _____	Longitude: _____	
Mailing Address: <u>WARRMON R R</u>	Method of Survey (check one): <u>CONVENTIONAL SURVEY</u>		
	USGS quad, Hand held GPS, Survey-grade GPS		
City: <u>GARRA MS</u> State: _____ Zip Code: _____	M. Sec. <u>34</u> Twp. <u>5 S</u> Rng. <u>9 W</u>		
Telephone No. (____) _____	Distance: <u>1</u> Miles	Direction: <u>SE</u>	Nearest town: <u>STRAWY BEAN</u>
	Well Data: <u>MY MAP IS BACK AT THE OFFICE</u> <u>LET ME SHOW YOU @ WARRMON RR</u>		
Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Pasture Other	Date well drilling started: <u>9-12-07</u> Date well drilling completed: <u>9-14-07</u>		
Is flowing, method of flow regulation: Valve _____ Other (describe) _____	Static Water Level: <u>100</u> feet above or below (circle one) land surface Date measured: _____		
Method of Measurement (circle one): <u>steel tape</u> electric tape air line other	Well depth: <u>250</u> Well grouted to a depth of <u>10</u> feet		
Type of grout (circle one): Cement <u>centonite</u> Mix	Casing length: <u>20</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>		
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>SIETED PVC</u>	Screen slot size: <u>.013</u> inches Setting depth: From <u>240</u> feet to <u>250</u> feet		
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole <u>Natural Development</u>	Other (describe) _____		
Top of lap pipe or reduction in casing: <u>WELL</u> feet If telescoped or more than one screen, describe on back of page	Log run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other		
Name of organization running logs: _____	I certify that this well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality under the Mississippi Department of Health regulations on state wells.		
Print Name of Water Well Contractor and License No. <u>FRANK LARGFORD 0-682</u>	Signature of Water Well Contractor <u>Frank Largford</u>		

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If well casing is plastic, attach below and show depth.

# 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. MARGFORD  
 Date completed: 9-14-07  
*Copy information from block on Part 1*

To Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: E-54  
 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>SMITH</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>HARMON RD</u>	Method of Lat/Long (check one): Convention: <input checked="" type="checkbox"/> Curve <input type="checkbox"/> Flat
<u>SMITH MS</u>	USCS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City: _____ State: _____ Zip Code: _____	<u>1/4</u> _____ <u>1/4</u> Sec <u>34</u> T <u>5S</u> R <u>9W</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town _____
	<u>1</u> Miles <u>SE</u> of <u>STRAYHORN</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal: <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of motor: _____
Date Pump Installed: <u>9-14-07</u>	Setting Depth: <u>150</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-14-07</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>100</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	For flowing well, measured static head _____ feet
Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface	Well yielded <u>15.7</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	

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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

FRANK MARGFORD 0682 Frank Langford  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

