

137

County: TATE

Permit #: _____

Driller: R LANGFORD

Date drilling completed: 10-14-04

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 #: F-64

L. S. Elevation: _____

E-log #: _____

Langford Drilling

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>JASON WILBORN</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>STAGE ROAD (3140)</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>SENATO BISH MS</u> | <u>N 1/4 W 1/4 Sec 13 Twn 5 S Rng 8 W</u> |
| City: _____ State: _____ Zip Code: _____ | Distance _____ Direction _____ Nearest Town _____ |
| Telephone No. (____) _____ | _____ Miles _____ of _____ |

Well Data

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

Date well drilling started: 10-12-04 Date well drilling completed: 10-14-04

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 10-14-04

Method of Measurement (circle one) steel tape electric tape air line other: STEEL ON STAINING

Hole depth: 180 Well depth: 180 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: 10 feet Screen diameter: 4 inches Type of screen: 307 PVC

Screen slot size: .013 inches Setting depth: From 170 feet to 180 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 0-622
Print Name of Water Well Contractor and License No.

Frank Langford RECEIVED
 Signature of Water Well Contractor
 NOV 12 2004

If well telescopes please sketch below and show depths.

BY: OLWR

F-64

Ground Level

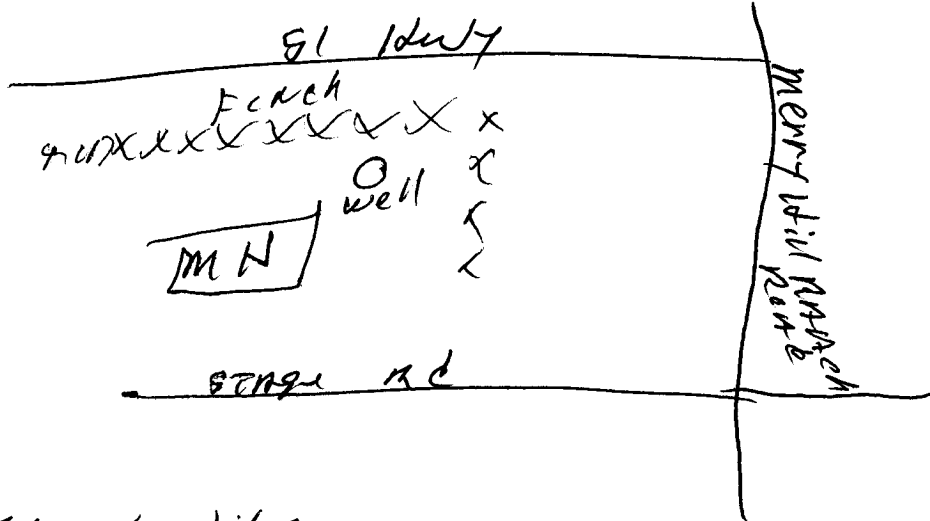
Description of Formations Encountered

From To

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| DIRT | 0 | 10 |
| SAND | 10 | 30 |
| Mix CLAY + SAND | 30 | 40 |
| w/CLAY | 50 | 110 |
| SAND | 110 | 150 |
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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) indicate direction.



Landowner Name: JASON WILBORN

Frank Langford
Signature of Water Well Contractor

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NOV 12 2004
BY: OLWR

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)

For Office Use Only:

Aquifer: _____
Well #: F-64
Elevation: _____

County: TATE
Permit #: _____
Driller: Frank Langford
Date completed: 10-14-04

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

| Well Owner Information | Well Location |
|----------------------------------------|-----------------------------------------------------------------------------------------------------|
| Owner Name: <u>JASON WILBORN</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>3140 STAGE 126</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>SENATORIA MS</u> | <u>N</u> ¼ <u>W</u> ¼ Sec <u>13</u> Twn _____ Rng _____ |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. (____) _____ | _____ Miles _____ of _____ |

| Pump Type Circle one | Power Type Circle one |
|----------------------------------------------------------|--------------------------------------------|
| Air Lift Jet <input type="checkbox"/> <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 HP</u> |
| Date Pump Installed: <u>10-14-04</u> | Setting Depth: <u>120</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>10-14-04</u> | Air Line Electric Measuring Line <u>Steel Tape</u> |
| Static Water Level (A): <u>80</u> Feet Below Land Surface | Other (specify): <u>BALL ON STRING</u> |
| 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 GAL</u> Gallons Per Minute | <u>0</u> feet after <u>5</u> hours of pumping |
| Duration of Pump Test (minimum 4 hours): <u>40</u> hours | |

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

Frank Langford 0-622 Frank Langford RECEIVED
NOV 22 2004
BY: OLWR

Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer