

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: F-80  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

### 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)

County: TATE  
Permit #: \_\_\_\_\_  
Driller: F Langford  
Date drilling completed: 10-6-07

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>HARRY MITCHELL</u>	Latitude: _____° _____' _____" Longitude: _____° _____' _____"	Method of Lat/Long (circle one): <u>Conventional Survey</u>	
Mailing Address: <u>3863 STAGE Rk</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
<u>Coldwater MS 3</u> City State Zip Code	<u>1/4 1/4 Sec 11 Twn 5 S Rng 84</u>		
Telephone No. ( ) _____	Distance: <u>1000</u> Miles	Direction: <u>SW</u>	Nearest Town: <u>Coldwater</u>
Well Data			
Purpose of Well (circle one): <u>None</u> Industrial Public Supply Irrigation Fish Culture Other: _____			
Date well drilling started: <u>10-6-07</u>		Date well drilling completed: <u>10-6-07</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>80</u> feet above or below (circle one) land surface		Date measured: <u>10-6-07</u>	
Method of Measurement (circle one): <u>steel tape</u> electric tape air line other: _____			
Hole depth: <u>180</u>	Well depth: <u>180</u>	Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</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>slotted PVC</u>	
Screen slot size: <u>.013</u> inches	Setting depth: From <u>170</u> feet to <u>180</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: _____ feet. If telescoped or more than one screen, describe on back of page			
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____			
Name of organization running logs: _____			
I certify that the well was drilled, constructed, and completed in accordance with all applicable regulations of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations and state law.			
Print Name of Water Well Contractor and License No: <u>FRANK LANGFORD 0-622</u>		Signature of Water Well Contractor: <u>[Signature]</u>	

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OCT 30 2007



# 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-80  
 Elevation: \_\_\_\_\_

County: TULLE  
 Permit #: \_\_\_\_\_  
 Driller: FRANK  
 Date completed: 10-6-07  
*Copy information from block on Part 1*

*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>LARRY MITCHELL</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>3863 STAGER RD</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Coldwater MS</u> City State Zip Code	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
Telephone No. (____) _____	_____ 1/4 _____ 1/4 Sec <u>11</u> T <u>59</u> R <u>5W</u>
	Distance <u>5.8</u> Miles <u>SW</u> of <u>Coldwater</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <b>Submersible</b> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<b>Electric Motor</b> <input checked="" type="radio"/> 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>10-6-07</u>	Setting Depth: <u>140</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>10-6-07</u>	Air Line Electric Measuring Line <b>Steel Tape</b> <input checked="" type="radio"/>
Static Water Level (A): <u>50</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>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 HASTARD 0-682 **RECEIVED**  
OCT 20 2007  
BY: OLWR

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