

County: ITALE
 Permit #: _____
 Driller: FRANK FORD
 Date drilling completed: 10-19-07

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)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: F-81
 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>KAREN YOENT</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>STARRE</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>YOENT BUILDERS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>COLDWATER MS</u>	_____ 1/4 _____ 1/4 Sec <u>11</u> Twn <u>5 S</u> Rng <u>8 W</u>
City State Zip Code	
Telephone No. () _____	Distance _____ Miles Direction <u>SW</u> of <u>Coldwater</u>
	<u>3 1/2</u> Miles <u>SW</u> of <u>3963</u>

Well Data

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

Date well drilling started: 10-19-07 Date well drilling completed: 10-19-07

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 10-10-07

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

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: Slotted PVC

Screen slot size: .015 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 FORD 0-622 Frank Ford
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED
 OCT 30 2007

If well telescopes please sketch below and show depths.

F-81

The sketch below only required for water wells.

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulation.

If well telescopes, show depths on sketch.

Ground Level →

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
DIRT	0	20
Red SAND	20	40
SAND	40	50
w/CLAY	50	100
w/CLAY/w SAND	100	110
w/SAND	110	190

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: KAREN JOINT

RECEIVED

I certify that the well described 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 C-622

Frank Langford BY: OLIVE

Print Name of Inspector, License and License No.

Date

Signature of Licensee

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: FRANK FORD
 Date completed: 10-19-07
Copy information from block on Part 1

For Office Use Only

Aquifer: _____
 Well #: F-81
 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>KAREN YOUNT</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>STAGE RD</u> <u>YOUNT BUILDERS</u> <u>COLDWATER MS</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>11</u> T <u>5</u> S R <u>8W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	<u>5</u> Miles <u>SW</u> of <u>COLDWATER</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Die-el 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>10-19-07</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>10-19-07</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
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>127</u> GPM with a drawdown of
Test Pumping Rate: <u>127</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 FORD 0682 Frank Langford
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 OCT 30 2007
 BY: OLW