

County: TALIB
 Permit #: _____
 Driller: R Langford
 Date drilling completed: 3-11-08

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-84
 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>Toledo Home</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Village Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Senobia</u> MS	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	$\frac{1}{4}$ $\frac{1}{4}$ Sec <u>9</u> Twn <u>5S</u> Rng <u>8W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>5</u> Miles <u>NW</u> of <u>Senobia</u>

Well Data

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

Date well drilling started: 3-10-08 Date well drilling completed: 3-11-08

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 3-11-08

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

Hole depth: 140 Well depth: 140 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: 10VC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: SLATED PVC

Screen slot size: .013 inches Setting depth: From 130 feet to 140 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 logs: _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality. The Mississippi Department of Environmental Quality requires registration and state licensure.

THOMAS LANGFORD 0-622 Thomas Langford
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

BY: OLWR

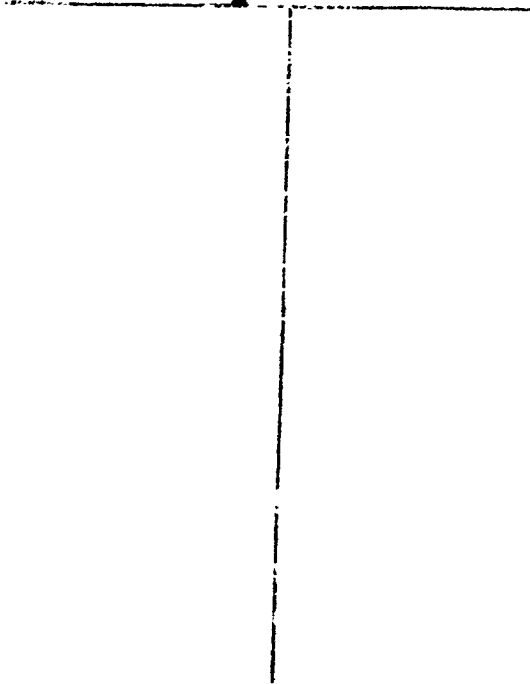
APR 09 2008

If well telescopes please describe below and show depths.

The sketch below only required for water wells

If well telescopes, show depths on sketch

Ground Level \longrightarrow

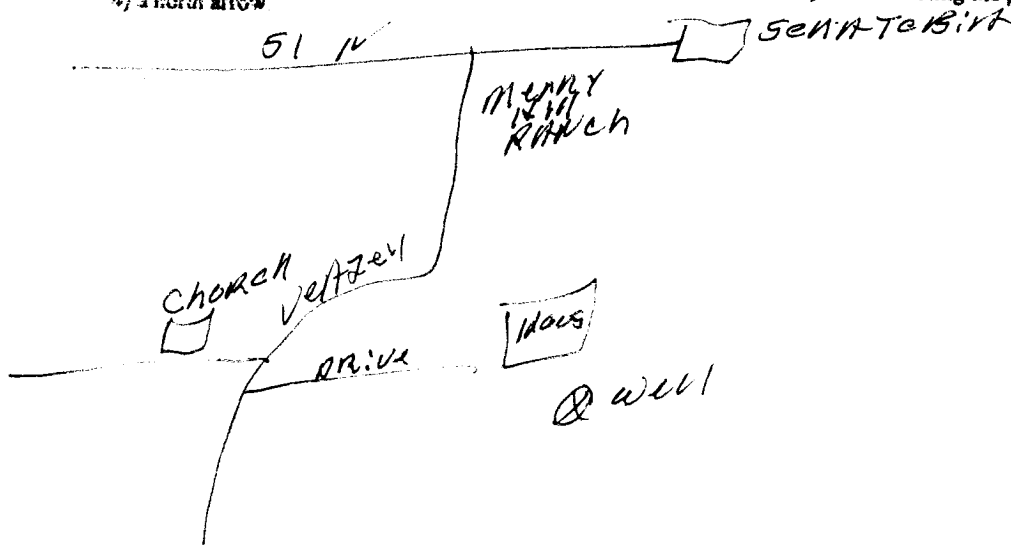


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
DIRT	0	10
SAND	10	20
MIX w/CLAY/sand	20	40
STRAKE w/CLAY	40	60
w/SAND	60	140

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: Todd Howe

I certify that the well/borehole 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.

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FRANK LANGFORD 0-622 W-508

Print Name of Responsible Licensee and License No.

Date

Frank Langford
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: F Langford
 Date completed: 3-11-08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: F-84
 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>Todd Howe</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Versey rd</u>	Method of Lat/Long (check one): <u>Conventional Survey</u> , USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>SENATOBIA</u> <u>MS</u>	_____ 1/4 _____ 1/4 Sec <u>9</u> T <u>8</u> R <u>5</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (____) _____	<u>5</u> Miles <u>NW</u> of <u>SENATOBIA</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>3-11-08</u>	Setting Depth: <u>100</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>3-11-08</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</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 0-631 Frank Langford
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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