

County: JPTL  
 Permit #: \_\_\_\_\_  
 Driller: R LANGFORD  
 Date drilling completed: 8-16-05

### 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 #: G-122  
 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>GABRIEL PA-92</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>yellow dog rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>SENATORIA MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>35</u> Twn <u>5 S</u> Rng <u>7 W</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	<u>2</u> Miles <u>R</u> of <u>SENATORIA MS</u>

**Well Data**

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

Date well drilling started: 8-16-05 Date well drilling completed: 8-16-05

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

Static Water Level: 70 feet above or below (circle one) land surface Date measured: 8-16-05

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

Hole depth: 125 Well depth: 125 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: 0 feet Screen diameter: 4 inches Type of screen: 5107 PVC

Screen slot size: .013 inches Setting depth: From 115 feet to 125 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 G-622  
 Print Name of Water Well Contractor and License No.

Frank Langford  
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

RECEIVED  
 AUG 24 2005  
 BY: OLWR

Q122

Ground Level

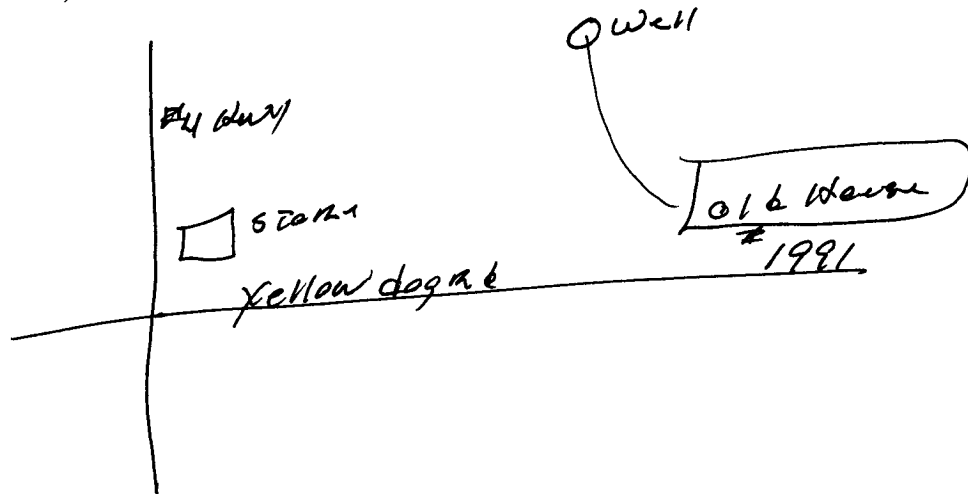
Description of Formations Encountered

From To

Ground Level	Description of Formations Encountered	From	To
	DIRT	0	19
	R/SAND	19	30
	Mixed CLAY	30	60
	w/SAND	60	125

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: GERMERA MAEZ

*Frank Leavelle*  
Signature of Water Well Contractor

RECEIVED  
AUG 24 2005  
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 #: 8122  
Elevation: \_\_\_\_\_

County: TATE  
Permit #: \_\_\_\_\_  
Driller: R Langford  
Date completed: 8-16-05

**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>COMMERCIAL PREGZ</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>yellow dog Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>SENATORIA MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>SEN MS</u>	_____ 1/4 _____ 1/4 Sec <u>35</u> Twn <u>5W</u> Rng <u>7W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (____) _____	<u>2</u> Miles <u>E</u> of <u>SENATORIA MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	<u>Electric Motor</u> Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: _____	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>8-16-05</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>70</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>70</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded <u>154</u> GPM with a drawdown of
Test Pumping Rate: <u>154</u> Gallons Per Minute	<u>18</u> feet after <u>5</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>5</u> hours	

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

Frank Langford 0622 Frank Langford  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

**RECEIVED**  
**AUG 24 2005**  
**BY: OLWR**