

County: TATE
 Permit #: _____
 Driller: F. Langford
 Date drilling completed: 9-14-06

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-143
 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>CATES</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Daniel Road</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Cold Water MS</u> City State Zip Code	<u>10</u> Sec <u>55</u> Twn <u>7E</u> Rng <u>7W</u>
Telephone No. () _____	Distance <u>3</u> Miles Direction <u>N</u> of Nearest Town <u>NEWTOWN</u>

Well Data

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

Date well drilling started: 9-14-06 Date well drilling completed: 9-14-06

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

Static Water Level: 100 feet above or below (circle one) land surface Date measured: 9-14-06

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

Hole depth: 150 Well depth: 150 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: SLOT PVC

Screen slot size: 1010 inches Setting depth: From 120 feet to 150 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of tap 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 0622
 Print Name of Water Well Contractor and License No.

Frank Langford
 Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

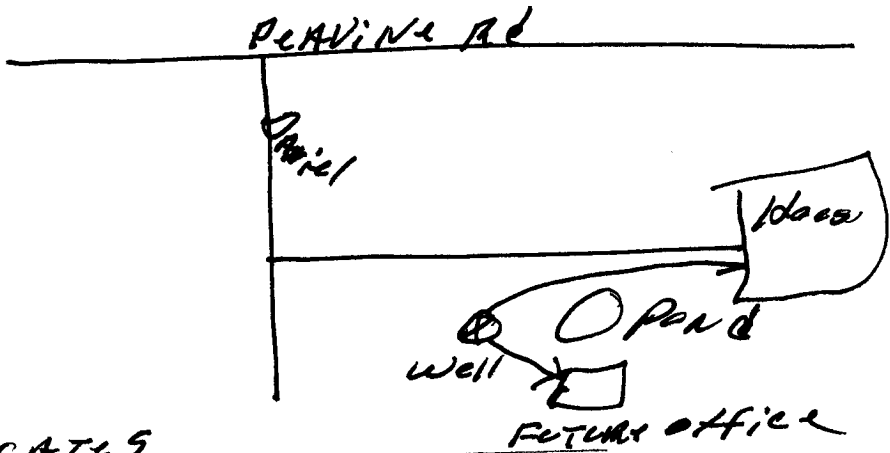
G-143

Ground Level

Description of Formations Encountered	From	To
AIR	0	10
R/SAND	10	20
COURSE BROWN SAND	20	40
GRAVEL	40	70
w/CLAY AND SAND	70	100
w/ SAND	100	150

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: CATES

Frank Langford
 Signature of Water Well Contractor

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County TATE
 Permit # _____
 Driller E. Langford
 Date completed 9-14-06

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

Number _____
 Well G-143
 Date _____

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>CATE S</u>	Latitude _____ Longitude _____
Mailing Address <u>Daniel Road</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey
<u>CDidwater MS</u>	<input type="checkbox"/> USGS quad <input type="checkbox"/> Hand-held GPS <input type="checkbox"/> Survey-grade GPS
City _____ State _____ Zip Code _____	<u>10</u> N. Sec <u>5 S</u> Twn <u>7 W</u> Rng
Telephone No. _____	Distance _____ Direction _____ Nearest Town _____
	<u>3</u> Miles <u>N</u> of <u>NEWTOWN</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Windmill Other (specify): _____	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO Other (specify): _____
Date Pump Installed: <u>9-14-06</u>	Horse Power Rating of Motor: <u>3/4</u>
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Setting Depth: <u>140</u> feet
	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-14-06</u>	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> <u>Steel Tape</u> Other (specify): _____
Static Water Level (A): <u>120</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Pumping Water Level (B): <u>100</u> Feet Below Land Surface	Well yielded <u>15+</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Drawdown [(B) - (A)]: <u>0</u> Feet Below Land Surface	
Test Pumping Rate: <u>15+</u> Gallons Per Minute	
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

ERANK LANGFORD 0-622
 Print Name of Pump Installer and License No. (if applicable)


 Signature of Pump Installer
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