

County: TATE 137  
 Permit #: \_\_\_\_\_  
 Driller: E Langford  
 Date drilling completed: 10-27-04

**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 #: H-128  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

Langford Drilling

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>CHARLES RAZINO</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>No 911 Address yet</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>SEABOARD MS</u> <u>38668</u>	<u>N</u> 1/4 <u>W</u> 1/4 Sec <u>26</u> Twn <u>5 S</u> Rng <u>6 W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>10</u> Miles <u>W</u> of <u>SEABOARD</u>

**Well Data**

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

Date well drilling started: 10-27-04 Date well drilling completed: 10-27-04

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

Static Water Level: 30 feet above or below (circle one) land surface Date measured: 10-27-04

Method of Measurement (circle one) steel tape electric tape air line other: METAL BATH ON STRING

Hole depth: 120 Well depth: 120 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: 20 feet Screen diameter: .44 inches Type of screen: PVC SLOTTED

Screen slot size: .013 inches Setting depth: From 100 feet to 120 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 0620  
 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.

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BY: OIWB



**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 #: H-128  
Elevation: \_\_\_\_\_

County: TATE  
Permit #: \_\_\_\_\_  
Driller: FRANK LANGFORD  
Date completed: 10-27-04

**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>CHARLES RAZINO</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>NO 911</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>SENATORIA MS 38669</u>	<u>N</u> ¼ <u>W</u> ¼ Sec <u>26</u> Twn <u>5 S</u> Rng <u>6 W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (____) _____	<u>10</u> Miles <u>W</u> of <u>SENATORIA</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>10-27-04</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>14</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-27-04</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <u>Steel Tape</u> <input checked="" type="radio"/>
Static Water Level (A): <u>30</u> Feet Below Land Surface	Other (specify): <u>STEEL TAPES ON STRING</u>
Pumping Water Level (B): <u>9 AM</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>NON</u> Feet Below Land Surface	Well yielded <u>14 GAL</u> GPM with a drawdown of
Test Pumping Rate: <u>14 GAL</u> Gallons Per Minute	<u>0</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 0-622 Frank Langford  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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**BY: OLWR**