

County: TATE  
 Permit #: \_\_\_\_\_  
 Driller: FRANK FORD  
 Date drilling completed: 5-3-06

### 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 #: H-140  
 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>RANDY WALK</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>LAKE SHORE DR</u> <u>SENATORIA LAKES</u> <u>SENATORIA MS</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>30</u> Twn <u>59</u> Rng <u>6W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ <u>6</u> Miles <u>E</u> of <u>SENATORIA</u>

**Well Data**

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

Date well drilling started: 5-2-06 Date well drilling completed: 5-3-06

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

Static Water Level: 30 feet above or below (circle one) land surface Date measured: 5-3-06

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

Hole depth: 100 Well depth: 96 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: .010 inches Setting depth: From 85 feet to 95 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  
 Print Name of Water Well Contractor and License No.

Frank Ford RECEIVED  
 Signature of Water Well Contractor MAY 08 2006

If well telescopes please sketch below and show depths.

BY: OLWR

H-140

Ground Level

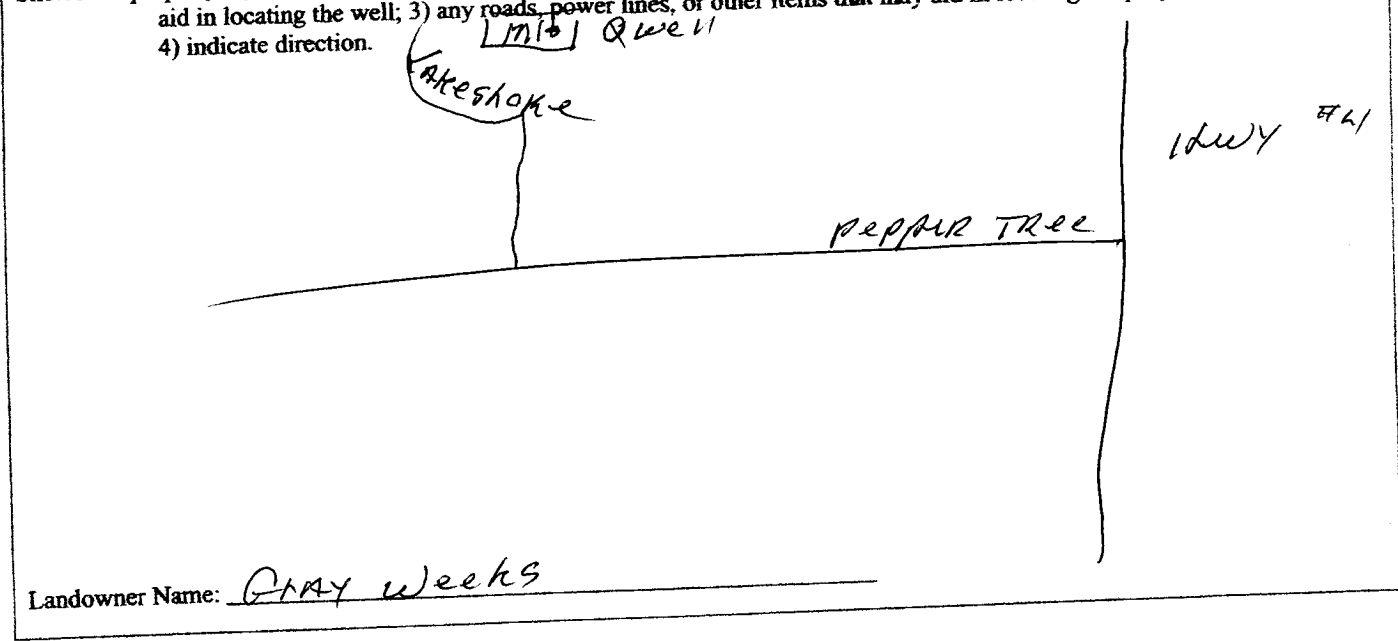
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
DIRT	0	5
SAND	5	20
MIX CLAY/SAND	20	150
w/SAND	100	100

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.



*Frank [Signature]*  
 Signature of Water Well Contractor

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**STATE WELL REPORT**

**Part 2**

**Pump Installer's Completion Report**

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
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For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: H-140  
 Elevation: \_\_\_\_\_

County: TATE  
 Permit #: \_\_\_\_\_  
 Driller: Frank Langford  
 Date completed: 5-3-06

**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>EARLY Weeks</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>LAKE SHERR DR</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>SENATOBIA LAKES</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>SENATOBIA MS</u>	_____ 1/4 _____ 1/4 Sec <u>30</u> Twn <u>5S</u> Rng <u>6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (_____) _____	<u>6</u> Miles <u>E</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>5-3-06</u>	Setting Depth: <u>60</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>5-3-06</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>30</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>30</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>29</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>5</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  
 Print Name of Pump Installer and License No. (if applicable)

Frank Langford  
 Signature of Pump Installer

RECEIVED

MAY 08 2006

BY: OLWR