

County: TATE  
 Permit #: \_\_\_\_\_  
 Driller: FRANK FORD  
 Date drilling completed: 9-15-06

### 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 144  
 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>SIMPSON</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>CROCKETT RD</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>SENATOBIA MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 25 Twn 5 S Rng 6 W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>1.8 Miles W of SENATOBIA</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: 9-15-06

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

Static Water Level: 120 feet above or below (circle one) land surface Date measured: 9-15-06

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

Hole depth: 215 Well depth: 215 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: .010 inches Setting depth: From 205 feet to 215 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.

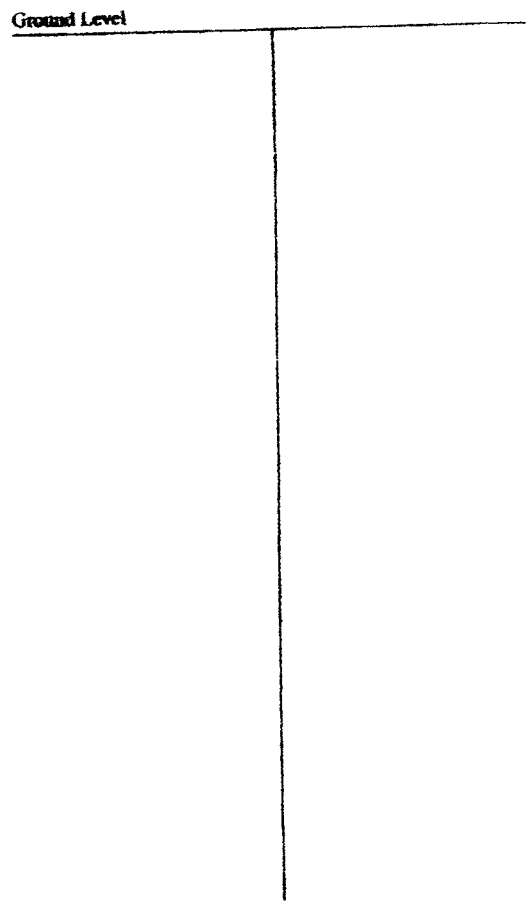
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BY: OLWR

FRANK FORD 0-622  
Print Name of Water Well Contractor and License No.

Frank Ford  
Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

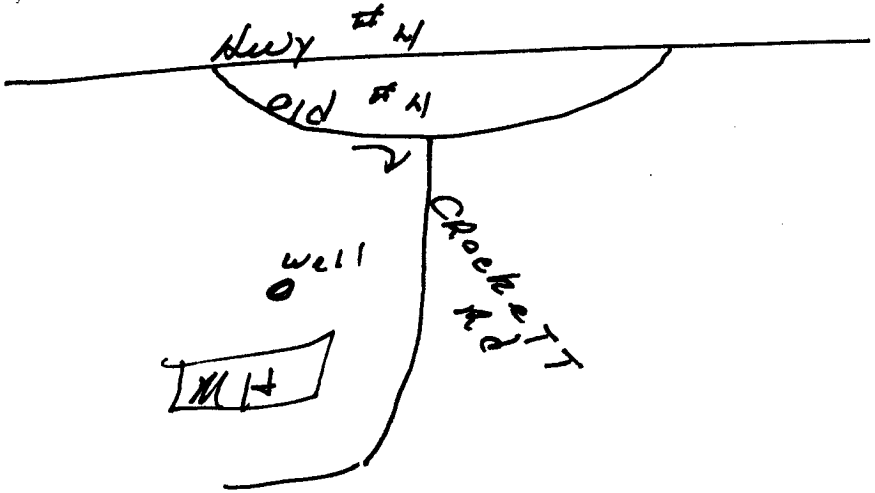
14-144



Description of Formations Encountered	From	To
A/SAT	0	20
A/SAND	20	40
Mixed CLAY + SAND	40	100
W/SAND	100	215

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: SIMPSON

*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 FRANK FORD  
 Date completed 9-15-06

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
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 (601)354-6938 (fax)

For Office Use Only  
 Station # \_\_\_\_\_  
 Well # H-144  
 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>SIMPSON</u>	Latitude _____ Longitude _____
Mailing Address: <u>CROCKETT RD</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>SENATOBIA MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	1/4 Sec <u>25</u> Twp <u>5 S</u> Rng <u>6 W</u>
Telephone No. _____	Distance Direction Nearest Town
	<u>1.8</u> Miles <u>E</u> of <u>SENATOBIA</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other (specify): _____	<input checked="" type="checkbox"/> Diesel Engine <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Windmill Horse Power Rating of Motor: <u>3/4</u>
<input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Flowing Well	<input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Other (specify): _____
Date Pump Installed: <u>9-15-06</u>	Setting Depth: <u>160</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>9-15-06</u>	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>120</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>120</u> Feet Below Land Surface	For flowing well, measured shut in head _____ feet
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	Well yielded <u>15+</u> GPM with a drawdown of _____
Test Pumping Rate: <u>15+</u> Gallons Per Minute	Duration of Pump Test (minimum 4 hours): <u>6</u> hours
Duration of Pump Test (minimum 4 hours): <u>6</u> hours	<u>5</u> feet after <u>06</u> hours of pumping

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

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

Frank Ford  
 Signature of Pump Installer

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 BY: OLWR