

County: TATE  
 Permit #: \_\_\_\_\_  
 Driller: E Langford  
 Date drilling completed: 12-22-06

### 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-145  
 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>MARK ROSENBERG</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>SENATOR BIA DR</u> <u>SENATOR BIA LAKES</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>SENATOR BIA MS</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>30</u> Twn <u>5 9</u> Rng <u>6 W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>4</u> Miles <u>W</u> of <u>SENATOR BIA</u>

**Well Data**

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

Date well drilling started: 12-22-06 Date well drilling completed: 12-22-06

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 180 Well depth: 175 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: .013 inches Setting depth: From 165 feet to 175 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 0-622  
 Print Name of Water Well Contractor and License No.

Frank Langford  
 Signature of Water Well Contractor

**RECEIVED**  
 DEC 29 2006  
**BY: OLWR**

If well telescopes please sketch below and show depths.



STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County: TATE  
 Name: \_\_\_\_\_  
 Title: F. LANGFORD  
 Date completed: 12-22-06

Well ID: H-145

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10937  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

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>MARK ROSENBERG</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>SENATORIA DR</u> <u>SENATORIA LAKES</u>	Method of Lat-Long (circle one): <input type="checkbox"/> Conventional Survey <input type="checkbox"/> USGS quad <input type="checkbox"/> Hand-held GPS <input type="checkbox"/> Survey-grade GPS
<u>SENATORIA MS</u> City State Zip Code	USGS quad: _____ Sec <u>30</u> Twp <u>5 S</u> Rng <u>6 W</u>
Telephone No: _____	Distance: _____ Direction: _____ Nearest Town: _____
	<u>4</u> Miles <u>W</u> of <u>SENATORIA MS</u>

Pump Type (Circle one)	Power Type (Circle one)
<input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Windmill	<input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Hand <input type="checkbox"/> Tractor (PTO) <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>12-22-06</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: <u>15</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level (Circle one)
Date Well Tested: <u>12-22-06</u>	<input type="checkbox"/> Acoustic <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	For flowing well, measured shut-in head: _____ feet
Drawdown (B) - (A): <u>0</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 3 hours): <u>4</u> hours <u>0</u> feet after <u>4</u> hours of pumping

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

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

**RECEIVED**  
 DEC 29 2006  
 Signature of Pump Installer: Frank Langford  
**BY: OLWR**