

State Well Report

Part 1 - Driller's 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)

County: TATE
Permit #: _____
Driller: F LANGFORD
Date drilling completed: 3-20-07

For Office Use Only:

Aquifer: _____
Well #: H-147
L. S. Elevation: _____
E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner

(Landowner if borehole is not for a water well)

Owner Name: Al McCormick

Mailing Address: PEYTON BL

COLDWATER MS
City State Zip Code

Telephone No. () _____

Well or Borehole Location

Latitude: _____ Longitude: _____

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

_____ 1/4 _____ 1/4 Sec 4 Twn 55 Rng 6W

Distance Direction Nearest Town
3 Miles S of INDEPENDENCE

Well / Borehole Data

Date drilling started: 3-20-07 Date drilling completed: 3-20-07 Hole depth: 170 Hole diameter: 6 7/8"

Location of the source of any surface water used for drilling: well

Method of dosing and volume of Chlorine used in drilling and development: chlorox 3 gal

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____
(Attach copy of log to this report)

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
Seismic Survey _____ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

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

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

Static Water Level: 80 feet above or below (circle one) land surface Date measured: 3-20-07

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

Well depth: 170 Well grouted to a depth of 10 feet Type of grout (circle one): Neat 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: 5107 PVC

Screen slot size: .013 inches Setting depth: From 160 feet to 170 feet

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

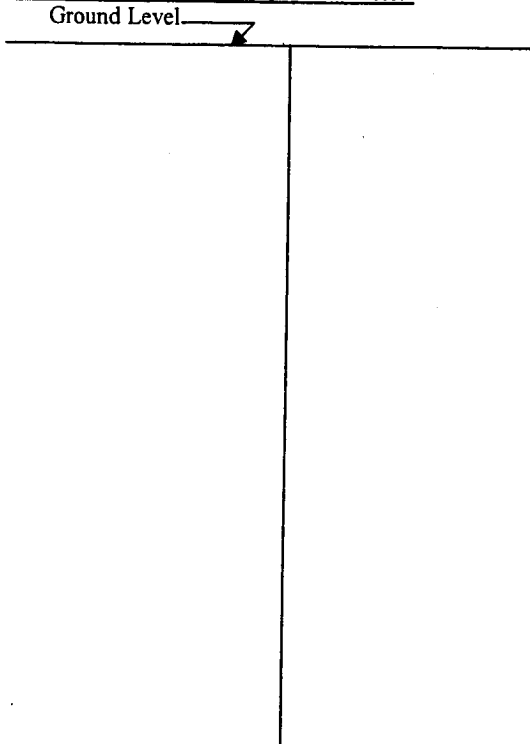
Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

H-147

The sketch below only required for water wells

If well telescopes, show depths on sketch.

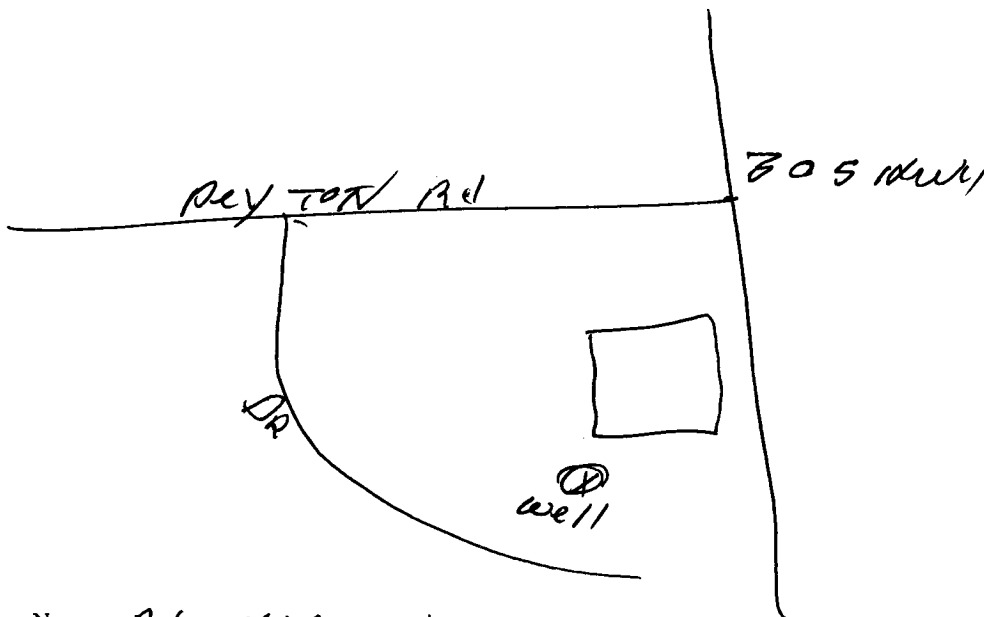


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| | Ground Level | |
| DIRT | 0 | 10 |
| h/ sand | 10 | 30 |
| small p (armor) | 30 | 45 |
| Mixed clay | 45 | 60 |
| w/ clay | 60 | 70 |
| w/ clay/ w sand | 70 | 100 |
| w/ sand | 100 | 170 |
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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) a north arrow.



Landowner Name: Al McCormie

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Print Name of Responsible Licensee and License No. Frank Langford 0-622 4-10-07 Date

Signature of Licensee Frank Langford

RECEIVED
MAY 12 2007

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-147
 Elevation: _____

County: TRETT
 Permit #: _____
 Driller: FRANK LANGFORD
 Date completed: 3-20-07
Copy information from block on Part 1

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

| Well Owner Information | Well Location |
|-----------------------------------|--|
| Owner Name: <u>Al McCormick</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>PEYTON RD</u> | Method of Lat/Long (check one): Conventional Survey _____ |
| <u>COLDWATER MS</u> | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| City State Zip Code | _____ 1/4 _____ 1/4 Sec <u>4</u> T <u>5</u> S R <u>6W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town |
| | <u>3</u> Miles <u>5</u> of <u>INDEPENDENCE</u> |

| Pump Type Circle one | Power Type Circle one |
|--|--|
| Air Lift Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/> | Electric Motor <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> |
| Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>3/4</u> |
| Date Pump Installed: <u>3-20-07</u> | Setting Depth: <u>140</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>3-20-07</u> | Air Line Electric Measuring Line Steel Tape <input checked="" type="checkbox"/> |
| Static Water Level (A): <u>40</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>80</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 | <u>0</u> feet after <u>4</u> hours of pumping |
| Duration of Pump Test (minimum 4 hours): <u>4</u> hours | |

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

FRANK LANGFORD 0-622 RECEIVED
 Print Name of Pump Installer and License No. (if applicable) APR 12 2007
BY: OLWR

Frank Langford
 Signature of Pump Installer