

County: TATE  
 Permit #: \_\_\_\_\_  
 Driller: E LANGFORD  
 Date drilling completed: 3-17-08

## 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-157  
 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>ORAN LANGFORD</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>INDY 305</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>SENA TOBIT</u> <u>MS</u>	<u>1/4</u> <u>1/4</u> Sec. <u>14</u> Twn <u>5</u> Rng <u>6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	_____ Miles _____ of _____

**Well Data**

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

Date well drilling started: 3-17-08 Date well drilling completed: 3-17-08

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

Static Water Level: 90 feet above or below (circle one) land surface Date measured: 3-17-08

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

Hole depth: 150 Well depth: 150 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: SLATED PVC

Screen slot size: .013 inches Setting depth: From 140 feet to 150 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 agency (ies) 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, Mississippi Department of Health, regulations and state laws.

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 BY: OLWR

ORAN LANGFORD 0-622 \_\_\_\_\_  
 Print Name of Well Owner and License No. Signature of Water Well Contractor

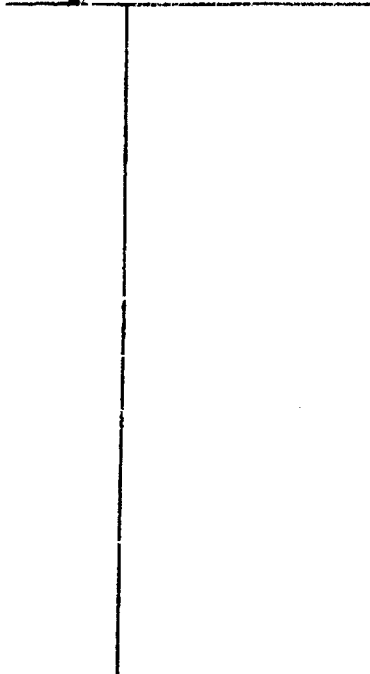
If well telescopes please date(s) below and show depths.

H-157

only required for water wells.

show depths on sketch.

A

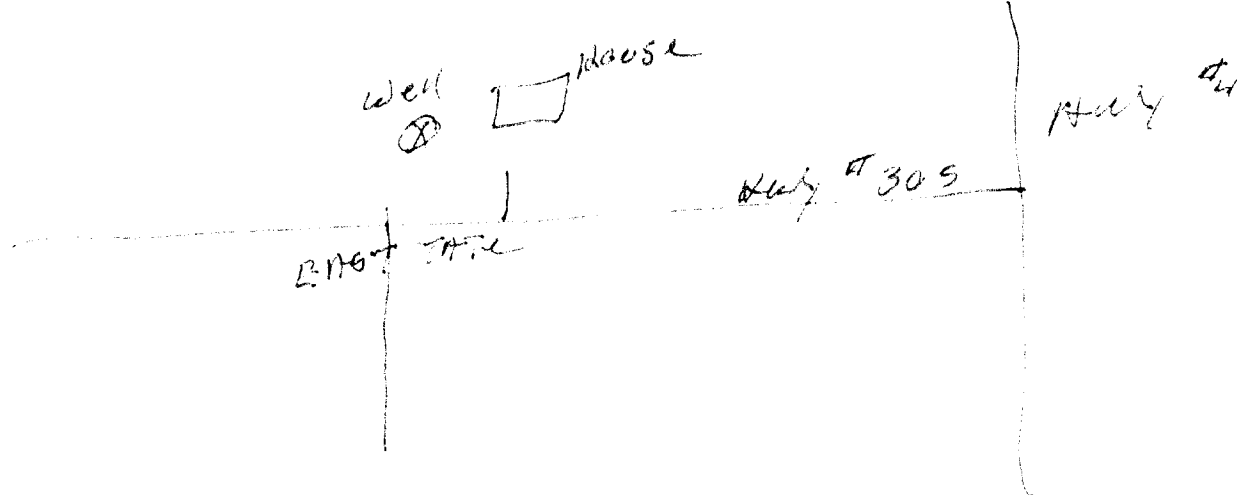


Description of formations encountered must be provided in wells and boreholes, unless specifically exempted.

Description of Formations Encountered	Depth (depth)
	Ground
DIRT	0 - 10
R/SAND	10 - 30
SAND	30 - 80
Mil W/CLAY/SAND	50 - 80
W/SAND	80 - 100

one screen, show location of each on sketch

Layout and include the following: 1) the well location; 2) any permanent structures on the property that aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and use north arrow.



Landowner Name: DON DRIPE

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I certify that the well has been installed, constructed, and completed in accordance with the rules and regulations of the Mississippi Department of Environmental and Forestry, and the rules and regulations of the Department of Health and Human Resources, and the laws of the State of Mississippi.

FRANK LANGFORD 0-622 4-9-08

Signature of Licensee: Frank Langford

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

# 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)

County: TALH  
 Permit #: \_\_\_\_\_  
 Driller: FRANK FORD  
 Date completed: 3-17-08  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: H-157  
 Elevation: \_\_\_\_\_

*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>DANDIGLE</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Rwy 305</u>	Method of Lat/Long (check one): <u>Conventional Survey</u>
<u>SENATOBIA</u> MS City State Zip Code	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
Telephone No. ( ) _____	_____ 1/4 _____ 1/4 Sec <u>24</u> T <u>S</u> R <u>6W</u>
	Distance <u>ABOOT</u> Direction Nearest Town
	<u>5</u> Miles <u>S</u> of <u>Independence MS</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>3-17-08</u>	Setting Depth: <u>120</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-17-08</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>80</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 1/2</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4 1/2</u> hours	

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

FRANK FORD 0622  
 Print Name of Pump Installer and License No. (if applicable)

Frank Langford  
 Signature of Pump Installer

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**BY: OLWR**