

County: TATE  
 Permit #: \_\_\_\_\_  
 Driller: FRANK LANGFORD  
 Date drilling completed: 6-9-06

### 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 #: K-20  
 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>ROBBIN COX</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>139 SALEM RD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>SENA TOBIA</u>	_____ 1/4 _____ 1/4 Sec <u>12</u> Twn <u>69</u> Rng <u>9W</u>
City: _____ State: _____ Zip Code: _____	Distance: _____ Direction: _____ Nearest Town: _____
Telephone No. (____) _____	<u>4</u> Miles <u>W</u> of <u>SENA TOBIA</u>

**Well Data**

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

Date well drilling started: 6-8-06 Date well drilling completed: 6-9-06

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

Static Water Level: 120 feet above or below (circle one) land surface Date measured: 6-9-06

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

Hole depth: 190 Well depth: 190 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: 10V

Screen length: 10 feet Screen diameter: 4 inches Type of screen: STATED 10V

Screen slot size: .013 inches Setting depth: From 140 feet to 190 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: NONE 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): \_\_\_\_\_

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 BY: OLWR

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 Frank Langford  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.



# 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 #: K 20  
Elevation: \_\_\_\_\_

County: TATE  
Permit #: \_\_\_\_\_  
Driller: ERIK HARGFORD  
Date completed: 6-9-06

**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>ROBBIN COX</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>138 SALEM RD</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>SEALTOBIA MS</u>	USGS quad. Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>12</u> Twn <u>69</u> Rng <u>94</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>4</u> Miles <u>W</u> of <u>SEALTOBIA</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): <u>6-9-06</u>	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>6-9-06</u>	Setting Depth: <u>160</u>
Rated Pump Capacity: <u>154</u> Gallons Per Minute	Number of Stages: <u>12</u>

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feet  
BY: OLWR

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-9-06</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
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>0</u> Feet Below Land Surface	Well yielded <u>154</u> GPM with a drawdown of
Test Pumping Rate: <u>154</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.

ERIK HARGFORD 0.622  
Print Name of Pump Installer and License No. (if applicable)

Frank Langford  
Signature of Pump Installer