

County: JACKSON
 Permit #: _____
 Driller: FRANK LANGFORD
 Date drilling completed: 1-27-06

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 #: L-34
 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>JAMES MAY</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>HAMMOND HILL</u> <u>HAMMOND HILL ESTATE S</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>SENATORIA MS</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. () _____	<u>1/4</u> <u>1/4</u> Sec <u>12</u> Twn <u>6 S</u> Rng <u>8 W</u>
	Distance Direction Nearest Town <u>4</u> Miles <u>S</u> of <u>SENATORIA</u>

Well Data

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

Date well drilling started: 1-27-06 Date well drilling completed: 1-27-06

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 1-27-06

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

Hole depth: 165 Well depth: 165 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 155 feet to 165 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): _____

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

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If well telescopes please sketch below and show depths.

L-34

Ground Level

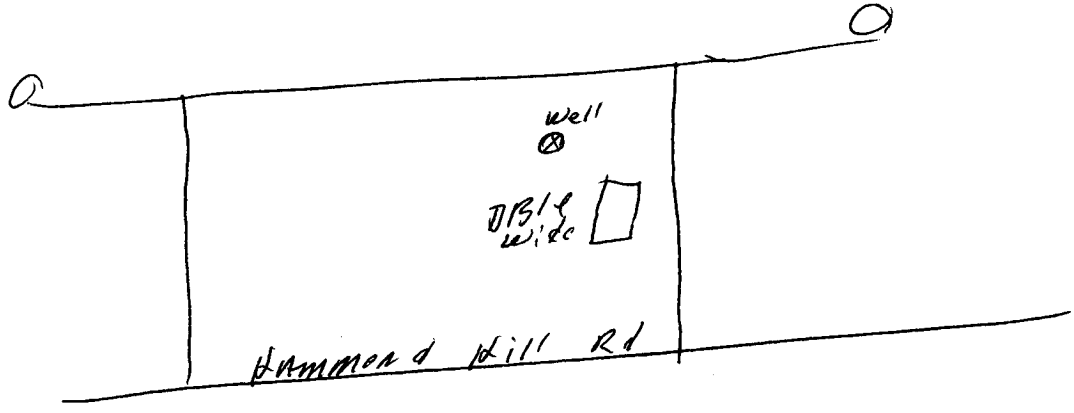
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
DIRT & CLAY	0	20
GRAVEL	20	40
CLAY	40	80
MIX CLAY & SAND	80	100
W/SAND	100	165

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: JAMES MAHILL

Frank Langford
Signature of Water Well Contractor

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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 #: 4-34
Elevation: _____

County: TALTE
Permit #: _____
Driller: ELDRIDGE
Date completed: 1-27-06

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

Owner Name: JAMES MAY
Mailing Address: WILSON HILL
WILSON HILL ESTATE
GENAROSA MS
City State Zip Code
Telephone No. (____) _____

Well Location

Latitude: _____ Longitude: _____
Method of Lat/Long (circle one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
____ 1/4 ____ 1/4 Sec. 12 Twn 6S Rng 8W
Distance Direction Nearest Town
____ Miles ____ of _____

Pump Type

Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____

Date Pump Installed: 1-27-06
Rated Pump Capacity: 12 Gallons Per Minute

Power Type

Circle one

Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
Windmill Other (specify): _____

Horse Power Rating of Motor: 3/4
Setting Depth: 120 feet
Number of Stages: 12

Pump Test Data

Date Well Tested: 1-27-06
Static Water Level (A): 60 Feet Below Land Surface
Pumping Water Level (B): 60 Feet Below Land Surface
Drawdown [(B) - (A)]: 55 Feet Below Land Surface
Test Pumping Rate: 154 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 4 1/2 hours

Method of Measuring Water Level

Circle one

Air Line Electric Measuring Line Steel Tape
Other (specify): _____
For flowing well, measured shut in head: _____ feet
Well yielded 154 GPM with a drawdown of
5 feet after 4 1/2 hours of pumping

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

FRANK LANGFORD 0-62C
Print Name of Pump Installer and License No. (if applicable)

Frank Langford
Signature of Pump Installer

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FEB 10 2006

BY: OLWR