	State Well Re		
County: TN-7-4	Part 1 – Driller's	Log	For Office Use Only:
Permit #:	Mississippi Department of Environmental Quality		Aquifer:
Driller: FANAK LANGFOR R	Office of Land and Water Resources P.O. Box 10631		Well #: L-39
	Jackson, MS 39289-0631		
Date drilling completed: 41-19-07	(601)961-5210		L. S. Elevation:
	(601)354-6938 (fa	ix)	E-log #:
State Law requires that this repo	rt be prepared by the license holds	er responsible for t	1 1 2 1 1 1 1 1
- opartment at the above and ess	within 30 days of completion of i	drilling of the well	or borehole,
Information on Well ((Landowner if borehole is not f	Jwner	Well or Bor	rehole Location
Owner Name 50077 Ke	Latituda	0 . ,	" Longitude: '"
Mailing Address: 22145 0 10			e): Conventional Survey,
Maning Address. July 210	DIFICH IZ		GPS, Survey-grade GPS
Sent Tobin City State			_Twn65 Rng_8
	6	Direction	Nearest Town
Telephone No. ()		Miles o	f GaVATOBIA
	Well / Borehole Data		
Date drilling started: 41 - 15-07 Date dri	lling completed: 1/19.07 Hole d	enth: 170 I	Holo diameter 47-1
I continue of the second		- 170 I	note diameter: 6 3
Method of dosing and volume of Chlorical	used for drilling: Hame	Well	
Location of the source of any surface water Method of dosing and volume of Chlorine	used in drilling and development:	CHAOX	
Logs run (circle all applicable): No log run Name of organization running log(s): (Attach copy of log to this report)	Flectric Commo Don D	Sonic Neutron Of	ther:
Purpose of borehole (check one): Water We Seismic S	Il Geotechnical/Geological Investi	gation Ground S	Ourge Heat D
Seismic S	urveyOther (describe)	gation Ground S	ource Heat Pump
1) uruting is not related t	o water well construction, skip the re	mainder of this block	
urpose of Well (check one): Home Inc			
f a flowing well, method of flow regulation	: Valve Other (describe	a)	_ Ouler
tatic Water Level: 60 feet abo	ve or helow (oirele and)	-	
fatic Water Level:feet abo		Date measured:	1-18-07
dethod of Measurement (circle one)		other:	
Vell depth: 170 Well grouted to a dept	h of feet Type of grout (circ	le one): Neat Cement	Rentonite Mix
asing length:feet Casing	diameter:inches	Type of casing:	OVC
reet length. 16 screen	diameter:inches T	ype of screen: 6/	oted mus
creen slot size:, O/3inches	Setting depth: From 160	feet to 150	160 100
pe of completion (circle all applicable):	Gravel packed Underreamed Tell	esconed O1	reet
	Other (describe):	Open nole	Natural Development
			X
pp of lap pipe or reduction in casing:	teet. If telescoped or mo	re than one screen, a	lescribe on next page
			HEUEIV

	The sketch	below	only	required	for	water wells
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If well telescopes, show depths on sketch.

Ground Level

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

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	To (deptil)
DIAT	0	2
RISAND	20	40
GrAVE/	40	60
BIU2 CIAY	60	120
CMY SAN	120	120

If more than one screen, show location of each on sketch

	010	5H/em	121		
			L	vell Li	le R n e
	1		C		
No.	lohil Lomo			0	

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 laws.	d the Mississippi Depar	tment of Health regulations is	ments of the		
EVAN KLANGFORD 0-612	4-12-07	Flank Land	MAY 18 2007		
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee	BY: OLWR		

STATE WELL REPORT

Permit #: ______ M. Driller: ______ AND LARGE L. Date completed: ______ 19-07

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources

Office of Land and Water Resour P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)

For	Office Use Only:
Aquifer:	
Well #:	L-39
Elevation: _	

Copy information from block on Part 1	
This part of the report must be completed by a licensed water well report must be attached and both parts filed with the Department	contractor or a licensed pump installer. A copy of Part 1 of the at the above address within 30 days of well completion.
Well Owner Information	Well Location
Owner Name: SCOTT Keek	Latitude:Longitude:
Mailing Address: 2445 Oldsniem RK	Method of Lat/Long (check one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
Sera Tobia ms City State Zip Code	¼¼ SecT
State Zip Code	Distance Direction Nearest Town
Telephone No. ()	g Miles w of Sent 70 Bit
Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify):
Other (specify):	Horse Power Rating of Motor:
Date Pump Installed: 4-19-07	Setting Depth:feet
Rated Pump Capacity:Gallons Per Minute	Number of Stages:
Pump Test Data	Method of Measuring Water Level
Date Well Tested: 4-19-07	Circle one
Static Water Level (A):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape
Pumping Water Level (B):Feet Below Land Surface	Other (specify):
Drawdown [(B) - (A)]: Feet Below Land Surface	For flowing well, measured shut in head:feet
Test Pumping Rate: Gallons Per Minute	Well yielded
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping

		RECEIVED
I HEDEDY CEDTIEV that the above statement		HEUEIVEL
I HEREBY CERTIFY that the above statements are true to the best	of my knowledge.	
topy the I was land of a car	1. 11)	MAY 18 2007
Print Name of Pump Installer and License No. (if applicable)	Flank Longford	
Finit Name of Fump Installer and License No. (if applicable)	Signature of Pump Installer	BY. OI WE
		TO LV