

County: TALTE
 Permit #: _____
 Driller: Frankford
 Date drilling completed: 7-9-06

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 #: M-46
 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>KATELY SMITH</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Ornival Springs</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Senatobia</u> <u>MS</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>2</u> Twn <u>6 S</u> Rng <u>7 W</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	<u>4</u> Miles <u>SE</u> of <u>Senatobia</u>

Well Data

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

Date well drilling started: 7-7-06 Date well drilling completed: 7-9-06

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

Static Water Level: 26' feet above or below (circle one) land surface Date measured: 7-9-06

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

Hole depth: 130' Well depth: _____ Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 20 feet Casing diameter: N inches Type of casing: PVC

Screen length: 10 feet Screen diameter: N inches Type of screen: slotted PVC

Screen slot size: .013 inches Setting depth: From 120 feet to 130 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: RECORDED

Name of organization running log(s): _____

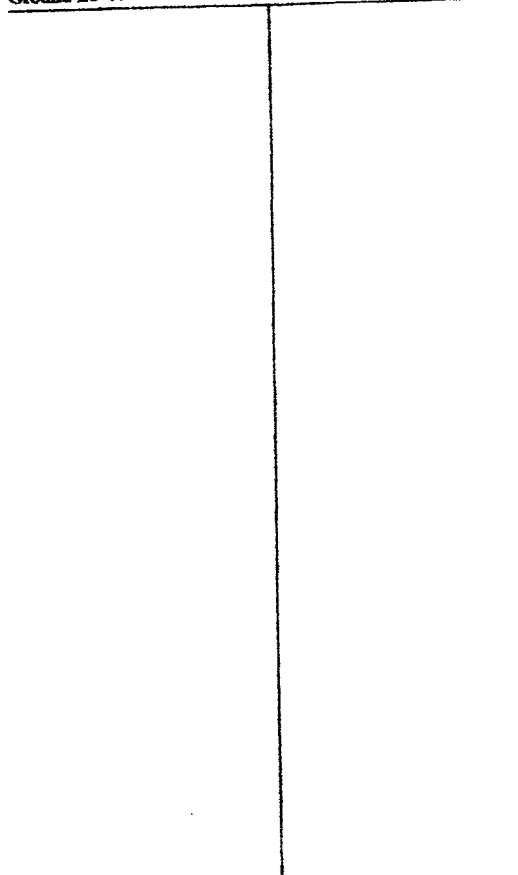
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

FRANK FORD 0-627 Frank Ford
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

M-46

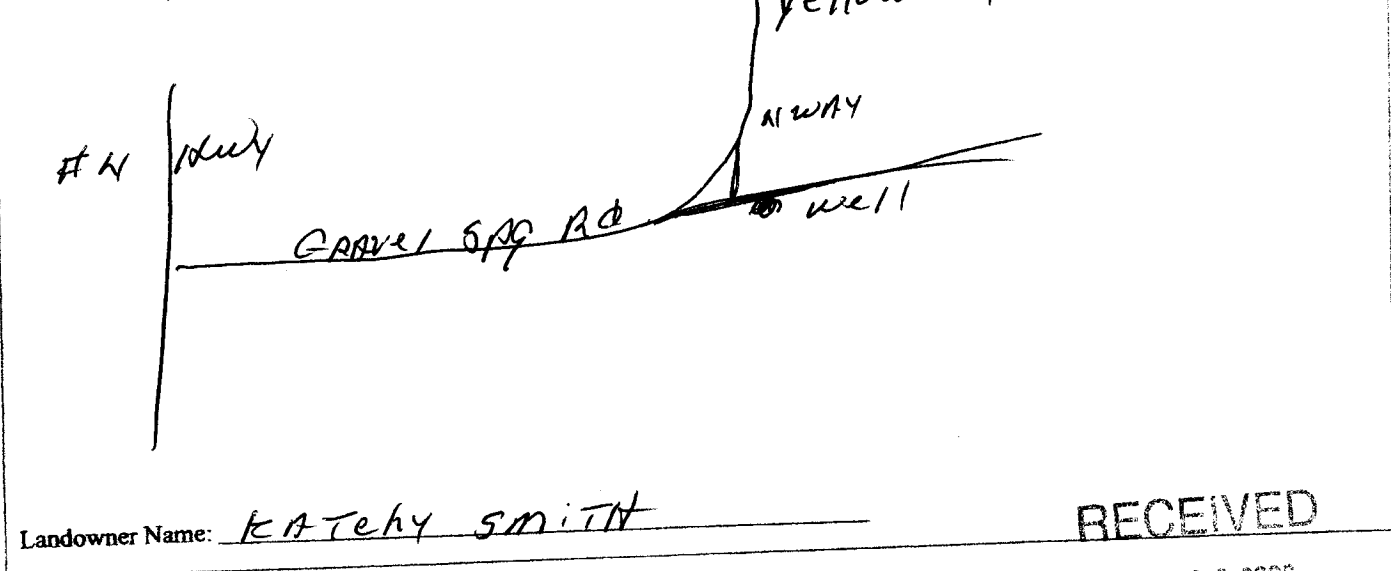
Ground Level



Description of Formations Encountered	From	To
DIRT	0	10
RISSHOL	10	20
SAND	20	30
Mix w/CLAY		
SAND	30	60
w/SAND	60	130

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: KATELY SMITH

RECEIVED

JUL 20 2006

BY: OLWE

Frank Langford
Signature of Water Well Contractor

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 #: M-46
Elevation: _____

County: LARAYETTE

Permit #: _____

Driller: FRANK LANGFORD

Date completed: 7-8-06

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: KATELY SMITH

Mailing Address: _____

GENA TOLIB 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

¼ _____ ¼ Sec 2 Twn 65 Rng 2W

Distance Direction Nearest Town

4 Miles SE of GENA TOLIB

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 7-8-06

Rated Pump Capacity: 15+ 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: _____

Setting Depth: _____ feet

Number of Stages: _____

Pump Test Data

Date Well Tested: 7-8-06

Static Water Level (A): 25 Feet Below Land Surface

Pumping Water Level (B): 25 Feet Below Land Surface

Drawdown [(B) - (A)]: 5 Feet Below Land Surface

Test Pumping Rate: 15+ Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 20 hours

Method of Measuring Water Level Circle one

Air Line Electric Measuring Line Steel Tape

Other (specify): _____

For flowing well, measured shut in head: RECEIVED

Well yielded 15+ GPM with a drawdown of

5 feet after 20 hours of pumping

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

FRANK LANGFORD 0-622
Print Name of Pump Installer and License No. (if applicable)

Frank Langford
Signature of Pump Installer