

State Well Report

Part 1 - Driller's 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-51

L. S. Elevation: _____

E-log #: _____

County: TATE

Permit #: _____

Driller: FRANK HANCOCK

Date drilling completed: 4-28-07

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner

(Landowner if borehole is not for a water well)

Owner Name: CLAY HARRIS

Mailing Address: 617 N. GAY TAYLOR AVE

SENATORIA MS
City State Zip Code

Telephone No. () _____

Well or Borehole Location

Latitude: _____ Longitude: _____

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

_____ 1/4 _____ 1/4 Sec 18 Twn 6S Rng 70W

Distance Direction Nearest Town
3 Miles S of SENATORIA

Well / Borehole Data

Date drilling started: 4-27-07 Date drilling completed: 4-28 Hole depth: 110' Hole diameter: 6 3/8"

Location of the source of any surface water used for drilling: same well

Method of dosing and volume of Chlorine used in drilling and development: chlorine 2 gal

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____
(Attach copy of log to this report)

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
Seismic Survey _____ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

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

If a flowing well, method of flow regulation: Valve None Other (describe) _____

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 4-27-07

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

Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat 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: SLOTED PVC

Screen slot size: 0.13 inches Setting depth: From 100 feet to 110 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 next page**

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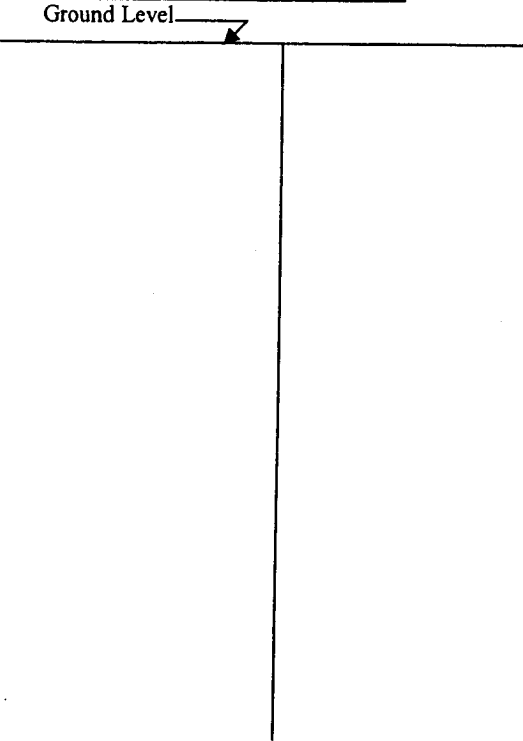
MAY 18 2007

BY: OLWR

M-51

The sketch below only required for water wells

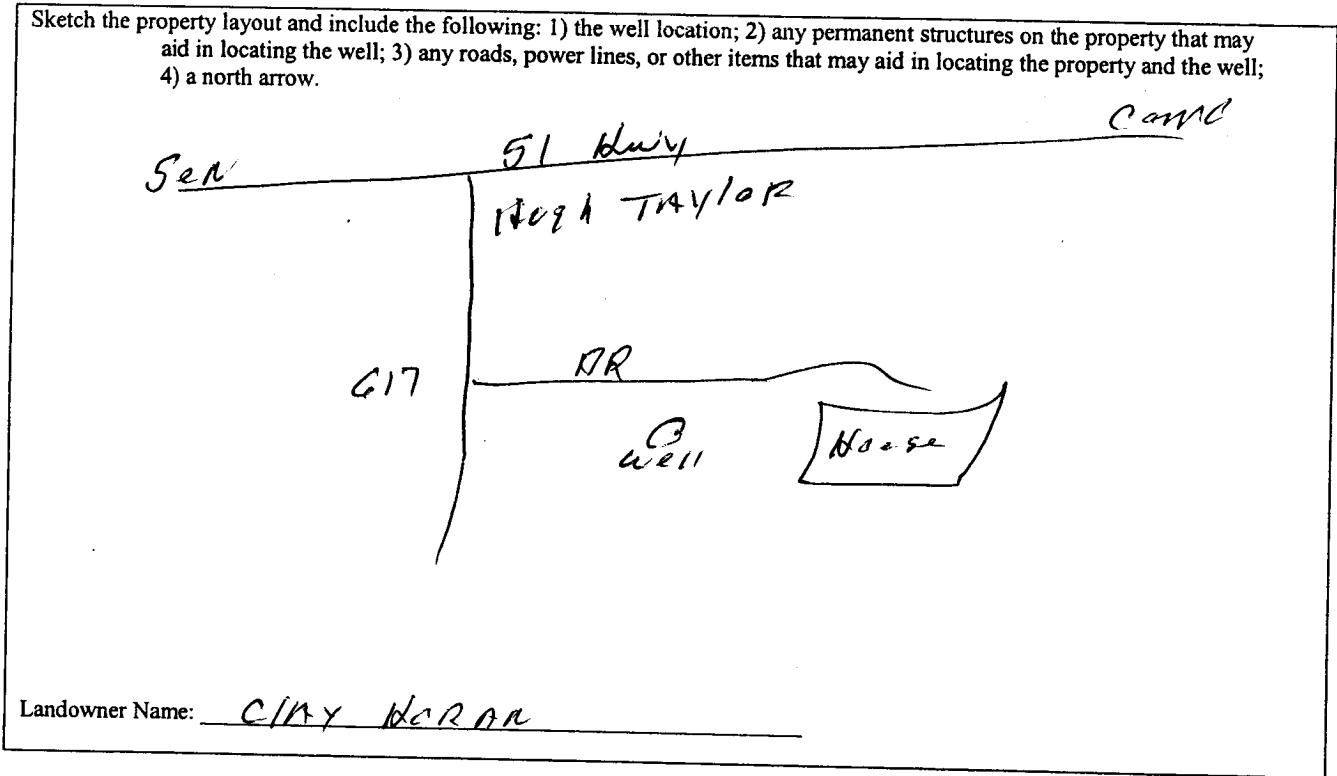
If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
DIRT	0	5
R/SAND	5	20
SAND	20	40
GRAVEL	40	80
GRAVEL & SAND	80	90
SAND	90	110

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



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 the Mississippi Department of Health regulations, if applicable, and state laws.

FRANK HARPTARD 5-12-07 Frank Langford MAY 18 2007
 Print Name of Responsible Licensee and License No. Date Signature of Licensee BY: OLWR

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: THURGOOD
 Permit #: _____
 Driller: FRANK LANGFORD
 Date completed: 4-28-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: M-51
 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>CLAY HOGAN</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>617 Hugh Taylor Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>SENA TOBIA</u> City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>18</u> T <u>6S</u> R <u>7W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>3</u> Miles <u>S</u> of <u>SENA TOBIA</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: _____
Date Pump Installed: <u>4-28-07</u>	Setting Depth: <u>90</u> feet
Rated Pump Capacity: <u>15+</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-27-28-07</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>60</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>60</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	Well yielded <u>15</u> GPM with a drawdown of <u>5</u> feet after <u>12</u> hours of pumping
Test Pumping Rate: <u>15+</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>12</u> hours	

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

FRANK LANGFORD 0-612 Frank Langford
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 MAY 18 2007
 BY: OLWR