

County: TATE
 Permit #: _____
 Driller: Frank Langford
 Date drilling completed: 10-10-07

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-38
 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>MIKE BAKER</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>2094 TAYLOR RD</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>SENATOBIA MS 38669</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 18 Twn 6S Rng 7W</u>
Telephone No. (): _____	Distance <u>5</u> Miles Direction <u>SOU</u> of Nearest Town <u>SENATOBIA</u>

Well Data

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

Date well drilling started: 10-7-07 Date well drilling completed: 10-10-07

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

Static Water Level: 60 feet above or below (circle one) land surface Date measured: 10-10-07

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

Hole depth: 135 Well depth: 135 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 125 feet to 135 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 logs: _____

I certify that the well 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 and state laws.

Print Name of Water Well Contractor and License No. FRANK LANGFORD 0-602

Signature of Water Well Contractor Frank Langford

RECEIVED
 BY: CEMP

If well is telescoped 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 11631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: TATE
 Permit #: _____
 Driller: Frank Langford
 Date completed: 10-10-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: M-58
 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>MIKE BAKER</u>	Latitude _____ Longitude _____
Mailing Address: <u>Hugh TAYLOR RD</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>SENATORIA MS</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>18 T 69 R 7 W</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	<u>5</u> Miles <u>500</u> of <u>SENATORIA</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> Submersible <input checked="" type="radio"/>	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	Electric Motor <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>10-10-07</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>12+</u> Gallons Per Minute	Number of Stages: <u>12</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-10-07</u>	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input checked="" type="radio"/>
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>0</u> Feet Below Land Surface	Well yielded <u>12+</u> GPM with a drawdown of
Test Pumping Rate: <u>12+</u> Gallons Per Minute	<u>4</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	RECEIVED

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

Frank Langford 0-622 OCT 31 2007
 Print Name of Pump Installer and License No. (if applicable) Frank Langford BY: **OLWR**
 Signature of Pump Installer