

137

County: TATE  
 Permit #: \_\_\_\_\_  
 Driller: F. Langford  
 Date drilling completed: 12-27-04

### 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 #: Ø-33  
 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 WEATHERLY</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>5684 WYATT-TYRE RD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Como</u> MS <u>38619</u>	<u>NW</u> ¼ <u>11</u> Sec <u>11</u> Twn <u>6S</u> Rng <u>5W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (____) _____	<u>17</u> Miles <u>E</u> of <u>SCANTON, IA</u>

**Well Data**

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

Date well drilling started: 12-23-04 Date well drilling completed: 12-27-04

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

Static Water Level: 120 feet above or below (circle one) land surface Date measured: 12-24-04

Method of Measurement (circle one) steel tape electric tape air line other: STEEL TAPE ON STAIRS

Hole depth: 260' Well depth: 235' 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 225 feet to 235 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 Frank Langford  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

33

137

Ground Level

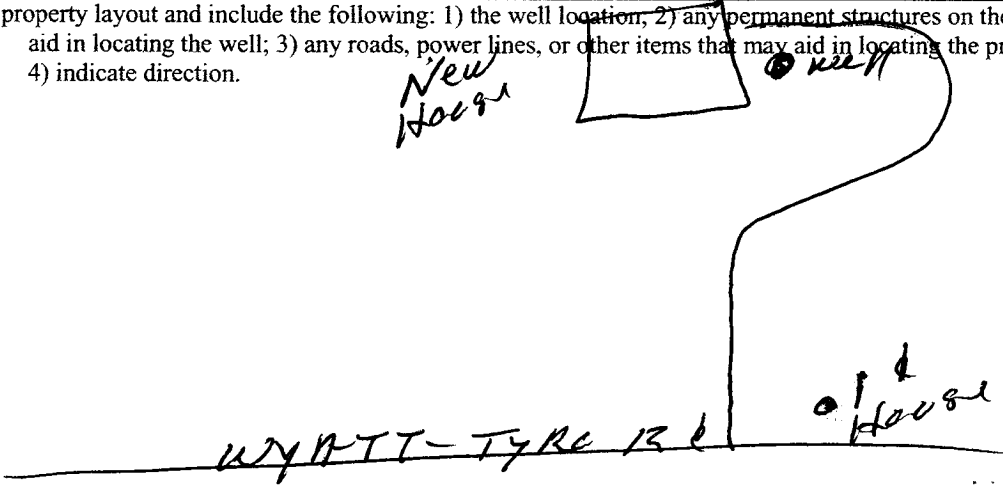
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
DIRT	0	20
RED SAND	20	40
SAND	40	90
SAND + CLAY	90	120
SAND MIXED CLAY	120	200
W / SAND	200	250

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 Walsh

UNIVERSITY OF  
JUL 1953  
ENCLWA

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)

137

County: TATE  
Permit #: \_\_\_\_\_  
Driller: K Langford  
Date completed: 12-27-04

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: 0-33  
Elevation: \_\_\_\_\_

**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	Well Location
Owner Name: <u>JAMES weatherly</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>5654 WYNTE-TYRE RD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>gomd</u> MS <u>38619</u> City State Zip Code	<u>NW</u> 1/4 _____ 1/4 Sec <u>11</u> Twn <u>6S</u> Rng <u>5W</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	<u>17</u> Miles <u>E</u> of <u>SENATORIA</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <b>Submersible</b> <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<b>Electric Motor</b> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3A</u>
Date Pump Installed: <u>12-27-04</u>	Setting Depth: <u>190'</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>72</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-27-04</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <b>Steel Tape</b> <input checked="" type="checkbox"/>
Static Water Level (A): <u>190</u> Feet Below Land Surface	Other (specify): <u>STEEL GAN ON SPRING</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded <u>19</u> GPM with a drawdown of
Test Pumping Rate: <u>10 +</u> Gallons Per Minute	<u>10</u> feet after <u>5</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>5</u> hours	

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

Frank Langford 0622 JAN 10 2005  
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer DT: OLWR