

County: YALOBUSHA
 Permit #: _____
 Driller: F. LANGFORD
 Date drilling completed: 10-10-06

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 #: A-53
 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 PIMMSTON</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>CO RD 261</u> <u>YALOBUSHA</u> <u>BAKINWOOD CO</u> <u>OXFORD MS</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>1/4</u> <u>1/4</u> Sec. <u>19</u> Twn <u>26 N</u> Rng <u>6 W</u>
Telephone No. () _____	Distance: <u>6</u> Miles Direction: <u>E</u> of Nearest Town: <u>OXFORD</u>

Well Data

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

Date well drilling started: 10-10-06 Date well drilling completed: 10-10-06

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

Static Water Level: 45 feet above or below (circle one) land surface Date measured: 10-10-06

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

Hole depth: 65 Well depth: 45 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: 0.10 inches Setting depth: From 75 feet to 45 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: _____

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 C-622
 Print Name of Water Well Contractor and License No.

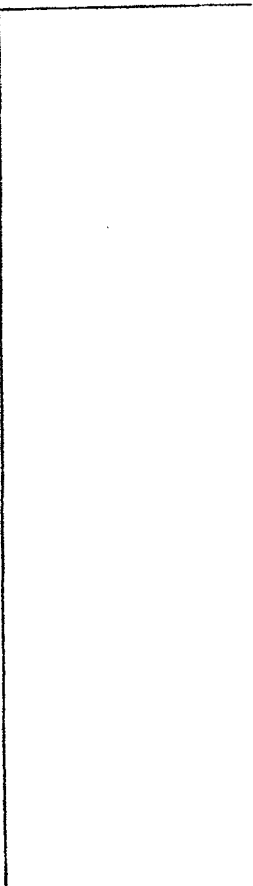
Frank Langford NOV 27 2006
 Signature of Water Well Contractor
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If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered

From To



Description of Formations Encountered	From	To
DIRT	0	10
SAND	10	510
MIX CLAY & SAND	510	50
SAND	50	89

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.

COR 6
201

⊗ TRAILER
well

Landowner Name: Mike Pinkerton

Frank Langford
Signature of Water Well Contractor

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
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 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only

County YALOBUSHA
 Permit # _____
 Driller E LANGFORD
 Date completed 10-10-06

Well ID: A-53

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>MIKE PINKSTON</u>	Latitude _____ Longitude _____
Mailing Address <u>Co Rd 201</u>	Method of Lat/Long (circle one): Conventional Survey _____ USGS quad. Hand-held GPS. Survey-grade GPS _____
<u>ORLEANS</u> MS City State Zip Code	1/4 _____ 1/4 Sec <u>19</u> Twn <u>26 N</u> Rng <u>6 W</u>
Telephone No. (_____) _____	Distance _____ Direction _____ Nearest Town _____
	<u>6</u> Miles <u>E</u> of <u>ORLEANS</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 <u>3/4</u>
Date Pump Installed: <u>10-10-06</u>	Setting Depth: <u>60</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>10-10-06</u>	Air Line _____ Electric Measuring Line _____ <u>Steel Tape</u>
Static Water Level (A) <u>40</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B) <u>40</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>15</u> GPM with a drawdown of _____
Test Pumping Rate: <u>4</u> Gallons Per Minute	feet after <u>0</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

FRANK LANGFORD 0-682
 Print Name of Pump Installer and License No. (if applicable)

Frank Langford
 Signature of Pump Installer

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