

Job 8056

County: Bolivar
 Permit #: 6042436
 Driller: Pat's Well Drilling
 Date drilling completed: 3/30/08

Well Driller Report and Well Log

For Office Use Only:
 Aquifer: 115
 Well #: A-122
 L. S. Elevation: _____
 E-log #: _____

Mississippi Department of Environmental Quality
 M & K of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

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

Owner Name: M & K Enterprises
 Mailing Address: 56 John St.
Clarksdale, MS 38614
 City: _____ State: _____ Zip Code: _____
 Telephone No. (662) 624-6017

Well Location

Latitude: 34° 04' 26.7" N Longitude: 90° 33' 07.9" W
 Method of Lat/Long (circle one): Conventional Survey
06 24 51 26
 USGS quad, (Hand-held GPS), Survey-grade GPS
Sw 1/4 Sec 24 Twp 26 N Rng 7 W
 SE of Rena Leno
 Distance _____ Miles _____ Direction _____ Nearest Town _____

Well Data

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

Date well drilling started: 3/30/08 Date well drilling completed: 3/30/08

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

Static Water Level: 13 feet above or below (circle one) land surface Date measured: 3/30/08

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

Hole depth: 100 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one) Cement Bentonite Mix _____

Casing length: 60 feet Casing diameter: 4 1/2 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 1 1/2 inches Type of screen: PVC

Screen slot size: 0.32 inches Setting depth: From 100 feet to _____ feet

Type of completion (circle all applicable): Gravel packed Undrilled Telescoped Open hole Natural Development
 Other (describe): MAY - 1 2008

Top of lap pipe or reduction in casing: _____ feet. If THIS IS NOT THE CASE, 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 this well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality under the Mississippi Department of Health regulations and state laws.

Pat's Well Drilling 0431
 Signature of Water Well Contractor _____
 Print Name of Water Well Contractor and License No. _____
 Signature of Water Well Contractor _____

If well telescopes please sketch below and show depth.

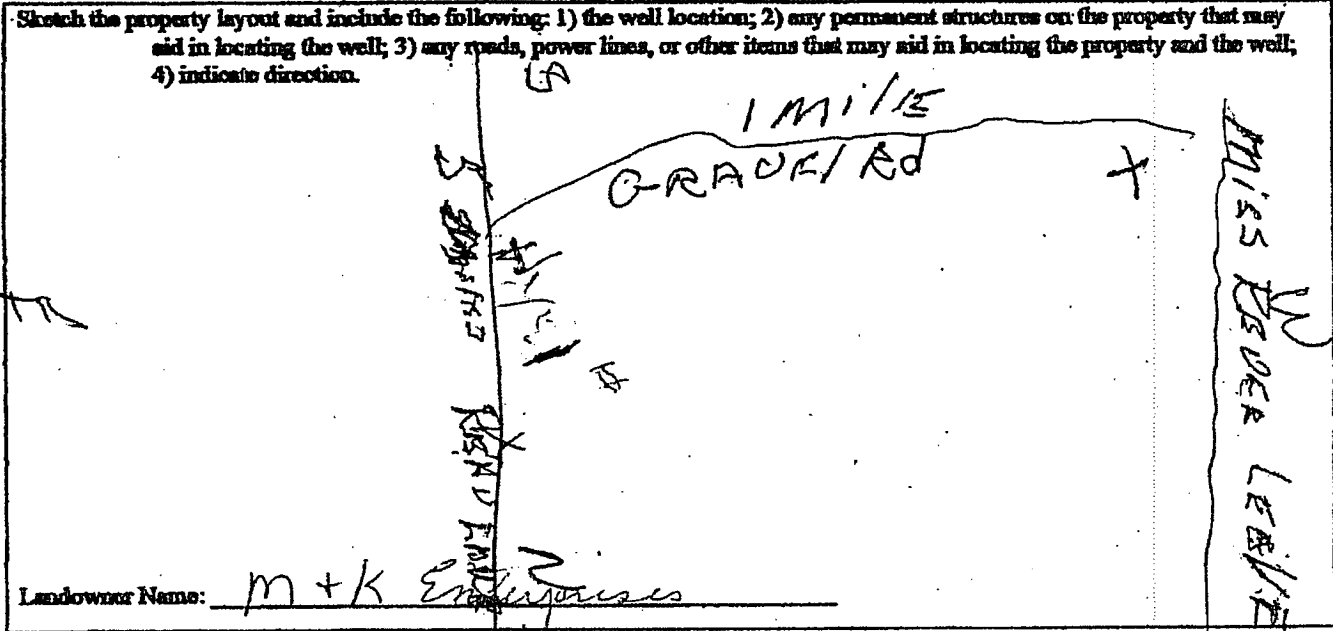
42436

115
A-121

Ground Level 6642436

Description of Formations Encountered	From	To
CLAY	0	20
LINK SAND	20	40
COURSE SAND GRAVEL	40	800

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



[Handwritten Signature]
 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:

Agent: 115

Well #: A-121

Elevation: _____

County: BOLIVAR

Permit #: 2004436

District: PETE'S WELL DRILLING

Date completed: 3/30/08

Copy information from block on Part 1

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

Owner Name: M & K Enterprises

Mailing Address: 56 JOHN STREET

Clarksdale, MS 38614

City, State, Zip Code

Telephone No. (662) 624-1607

Well Location

Latitude: 34° 04' 40.6" Longitude: 090° 33' 07.9" W

Method of Land/Long (check one): Conventional Survey

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

Distance _____ Direction _____ Nearest Town _____

5 Miles S of RENA LAKE

Pump Type

Circle one

Air Lift _____ Jet _____ Submersible _____

Bucket _____ Piston _____ Turbine _____

Centrifugal _____ Rotary _____ Flowing Well _____

Other (specify): _____

Date Pump Installed: 4-1-08

Rated Pump Capacity: 1800 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: 150

Setting Depth: 60 feet

Number of Stages: 4

Pump Test Data

Date Well Tested: _____

Static Water Level (A): 13 Feet Below Land Surface

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

Drawdown (B) - (A): _____ Feet Below Land Surface

Test Pumping Rate: _____ Gallons Per Minute

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

Method of Measuring Water Level

Circle one

Air Line _____ Electric Measuring Line _____ Steel Tape

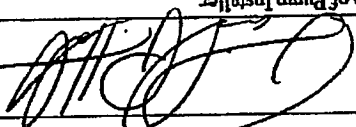
Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

Print Name of Pump Installer and License No. (if applicable): David P. Holt 0-752P

Signature of Pump Installer: 

Form: OLWR-SWR-1B

Job 8052