

Job #8057

County: Bolivar
 Permit #: 6W42439
 Driller: Pete's Well Drilling
 Date drilling completed: 3/31/08

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-116
 I. 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>M+K Enterprises</u>	Latitude: <u>34° 06' 39" ^W</u> Longitude: <u>90° 51' 42" ^W</u>
Mailing Address: _____	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>56 Johns St.</u>	USGS quad, <u>(hand-held GPS)</u> Survey-grade GPS
<u>Clarksdale, MS 38614</u>	<u>NE 1/4 SE 1/4 Sec 24 Twn 26N Rng 7W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 624-6017</u>	<u>5 Miles S of Run Iowa</u>

Well Data

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

Date well drilling started: 3/31/08 Date well drilling completed: 3/31/08

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

Static Water Level: 16 feet above or below (circle one) land surface Date measured: 3/31/08

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 Portland Mix

Casing length: 60 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 032 inches Setting depth: From 60 feet to 100 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.

Pete's Well Drilling 0431
 Print Name of Water Well Contractor and License No.

Pete Sargent
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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 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)

For Office Use Only:

Agency: _____

Well #: A-116

Elevation: _____

County: BOLIVAR

Permit #: 01042421

Driller: PETE'S WELL DRILLING

Date completed: 3/31/08

Copy information from block on Part 1

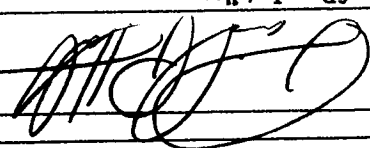
This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

<p>Well Location</p> <p>Latitude: <u>34° 06' 39.1"</u> Longitude: <u>090° 51' 42.7"</u></p> <p>Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey <input type="checkbox"/> Survey-grade GPS</p> <p>USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____</p> <p>Distance _____ Miles _____ of _____ Nearest Town _____</p>	<p>Well Owner Information</p> <p>Owner Name: <u>M & E Enterprises</u></p> <p>Mailing Address: <u>56 JOHN STREET</u></p> <p>City: <u>Clarksburg, MS</u> Zip Code: <u>38614</u></p> <p>Telephone No. (662) <u>624-6017</u></p>
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<p>Pump Type</p> <p>Circle one</p> <p>Air Lift _____</p> <p>Bucket _____</p> <p>Centrifugal _____</p> <p>Other (specify): _____</p> <p>Date Pump Installed: <u>4-1-08</u></p> <p>Rated Pump Capacity: _____ Gallons Per Minute</p>	<p>Power Type</p> <p>Circle one</p> <p>Natural Gas _____</p> <p>Gasoline Engine _____</p> <p>Hand _____</p> <p>Tractor PTO _____</p> <p>Electric Motor _____</p> <p>Windmill _____</p> <p>Other (specify): _____</p> <p>Horse Power Rating of Motor: <u>110</u></p> <p>Setting Depth: <u>60</u> feet</p> <p>Number of Stages: <u>3</u></p>
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<p>Pump Test Data</p> <p>Date Well Tested: _____</p> <p>Static Water Level (A): <u>16</u> Feet Below Land Surface</p> <p>Pumping Water Level (B): _____ Feet Below Land Surface</p> <p>Drawdown [(B) - (A)]: _____ Feet Below Land Surface</p> <p>Test Pumping Rate: _____ Gallons Per Minute</p> <p>Duration of Pump Test (minimum 4 hours): _____ hours</p>	<p>Method of Measuring Water Level</p> <p>Circle one</p> <p>Air Line _____</p> <p>Electric Measuring Line _____</p> <p>Steel Tape _____</p> <p>Other (specify): _____</p> <p>For flowing well, measured shut in head: _____ feet</p> <p>Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Signature of Pump Installer: 

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

Form: OLWR-SWR-1B

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APR 29 2008

BY: OLWR

Job 8057