

State Well Report

Part I

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-31
L. S. Elevation: _____
E-log #: _____

County: COAHOMA
Permit #: GW41155
Driller: Delta Drilling
Date drilling completed: 6-7-06

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>Bob Granea</u> | Latitude: <u>N 34° 27' 16.9"</u> Longitude: <u>090° 29' 11.2"</u> |
| Mailing Address: <u>P.O. Box 876</u> | Method of Lat/Long (circle one): Conventional Survey, <u>07</u> |
| <u>Imvira</u> MS <u>38676</u> | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| City State Zip Code | <u>SE 1/4 NW 1/4</u> Sec <u>28</u> Twn <u>30 N</u> Rng <u>3 W</u> |
| Telephone No. <u>(662) 363-1394</u> | Distance <u>SE</u> <u>2.2</u> Miles Direction <u>NEEL</u> of Nearest Town <u>LULA</u> |

Well Data

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

Date well drilling started: 6-7-06 Date well drilling completed: 6-7-06

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

Static Water Level: 22 feet above or below (circle one) land surface Date measured: 6-8-06

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

Hole depth: 112 Well depth: 110 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 18 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: 0.032 inches Setting depth: From 70 feet to 110 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.

ALAN PYLL 0674
Print Name of Water Well Contractor and License No.

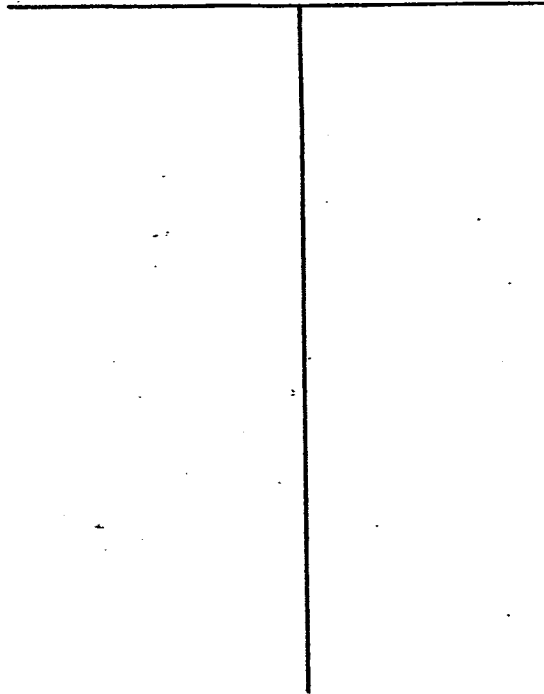
[Signature]
Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

A-31

Ground Level



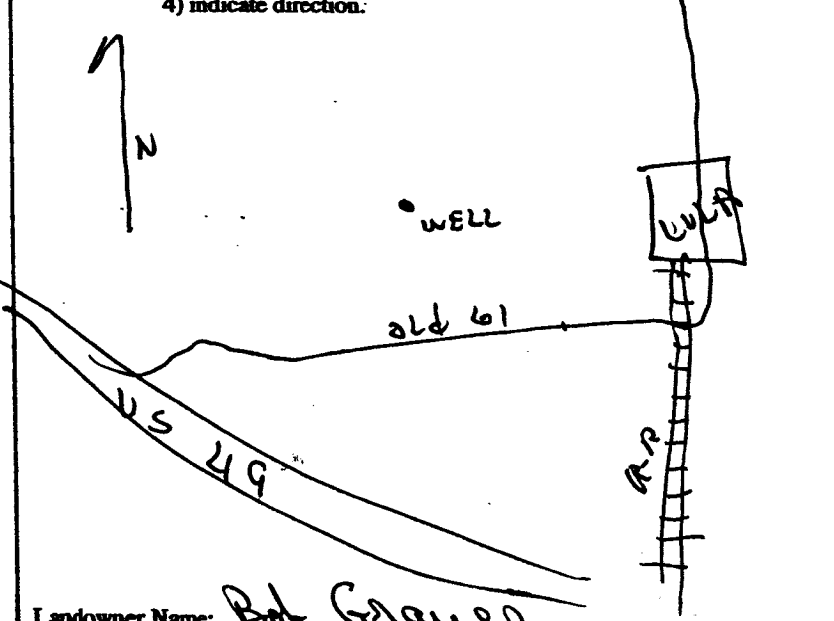
Description of Formations Encountered

From To

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Loamy Soil | 0 | 25 |
| Clayey Soil | 25 | 60 |
| Fine Sand | 60 | 70 |
| Sand + coarse sand + gravel | 70 | 110 |
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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: Bob Graves


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
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: A-31
 Elevation: _____

County: Coshocton
 Permit #: _____
 Driller: Alan Pyle
 Date completed: 6-8-09

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

| Well Owner Information | Well Location |
|--------------------------------------|--|
| Owner Name: <u>Bob GRAVES</u> | Latitude: <u>N34° 27' 16.9"</u> Longitude: <u>W 090° 29' 11.2"</u> |
| Mailing Address: <u>P.O. Box 876</u> | Method of Lat/Long (circle one): <u>Hand-held GPS</u> , Conventional Survey, _____ |
| <u>TUNICA</u> <u>MS</u> <u>38676</u> | USGS quad, _____, Survey-grade GPS |
| City State Zip Code | <u>SE</u> ¼ <u>NW</u> ¼ Sec _____ Twn _____ Rng _____ |
| Telephone No. <u>(662) 363-1394</u> | Distance _____ Direction _____ Nearest Town _____ |
| | _____ Miles _____ of _____ |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift Jet Submersible | <u>Diesel Engine</u> Gasoline Engine Natural Gas |
| Bucket Piston <u>Turbine</u> | Electric Motor Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>80</u> |
| Date Pump Installed: <u>6-8-09</u> | Setting Depth: <u>50</u> feet |
| Rated Pump Capacity: <u>2000</u> Gallons Per Minute | Number of Stages: <u>1</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: _____ | Air Line Electric Measuring Line Steel-Tape |
| Static Water Level (A): _____ Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>28</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: _____ Feet Below Land Surface | Well yielded _____ GPM with a drawdown of _____ |
| Test Pumping Rate: _____ Gallons Per Minute | _____ feet after _____ hours of pumping |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

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

Alan Pyle Alan Pyle
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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