

County: Coahoma
 Permit #: GW 40290
 Driller: Delta Drilling & Service
 Date drilling completed: 5-17-05

State Well Report

Part 1

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 #: C-117
 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>COLEMAN ALLEN</u> | Latitude: <u>34°25'48"</u> Longitude: <u>90°30'16"</u> |
| Mailing Address: _____ | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>SYON</u> MS City State Zip Code | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| Telephone No. <u>(662) _____</u> | SE 1/4 NW 1/4 Sec <u>26</u> Twn <u>21N</u> Rng <u>3W</u> |
| | Distance Direction Nearest Town <u>5.5</u> Miles <u>S</u> of <u>LULA</u> |

Well Data

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

Date well drilling started: 5-17-05 Date well drilling completed: 5-17-05

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

Static Water Level: 22 feet above or below (circle one) land surface Date measured: 5-17-05

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

Hole depth: 110 Well depth: 109 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 12 inches Type of casing: PVC

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

Screen slot size: 50 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: VISUAL

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 PYLE 0674 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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 JUN 13 2005
 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)

County: Coahoma
Permit #: _____
Driller: _____
Date completed: 6/17/05

For Office Use Only:

Aquifer: _____
Well #: C-117
Elevation: _____

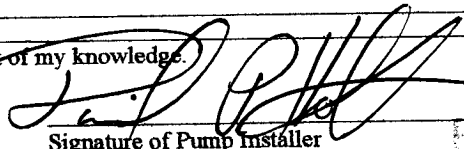
This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

| Well Owner Information | Well Location |
|--------------------------------------|---|
| Owner Name: <u>Coleman Allen</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>P.O. Box 324</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS |
| <u>Lyon</u> MS <u>38645</u> | <u>SW</u> ¼ <u>NW</u> ¼ Sec <u>15</u> Twn <u>29N</u> Rng <u>03W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. () _____ | <u>3</u> Miles <u>South</u> of <u>Lula</u> |

| 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>70</u> |
| Date Pump Installed: <u>6-17-05</u> | Setting Depth: <u>60</u> feet |
| Rated Pump Capacity: <u>1600</u> Gallons Per Minute | Number of Stages: <u>two</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: _____ | Air Line Electric Measuring Line <u>Steel Tape</u> |
| Static Water Level (A): <u>18</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): _____ 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.

DAVID P. HOLT 0-752 P 
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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BY OLWR

005 05:50 FROM: DELTA DRILLING

662-357-0024

TO: 16626869078

P. 9

State Well Report Part I

County: Coahoma
 Permit #: LW 40290
 Driller: Delta Drilling of Luce
 Date drilling completed: 5-7-05

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 Other Use Only
 Applicable: _____
 Well #: _____
 L. S. Elevation: _____
 Ring #: _____

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>COLEMAN ALLEN</u> | Latitude: <u>34°25'48"</u> Longitude: <u>90°30'16"</u> |
| Mailing Address: <u>PO Box 324</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Lyons</u> <u>MS</u> <u>38645</u> | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| City State Zip Code | <u>SE</u> <u>1/4</u> <u>1/4</u> <u>Sec 16</u> <u>Twp 34N</u> <u>Range 3W</u> |
| Telephone No. <u>(662)</u> | Direction: <u>SE</u> <u>55</u> miles <u>S</u> of <u>_____</u> |

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| Well Data | |
|---|---|
| Purpose of Well (circle one): <u>Home</u> Industrial Public Supply <u>Irrigation</u> Fish Culture Other: <u>JUN 28 2005</u> | |
| Date well drilling started: <u>5-7-05</u> | Date well drilling completed: <u>5-7-05</u> |
| If flowing, method of flow regulation: Valve _____ Other (describe): _____ | YMD JOINT WATER MANAGEMENT DISTRICT |
| Static Water Level: <u>7.2</u> feet above or below (circle one) land surface | Date measured: <u>5-7-05</u> |
| Method of Measurement (circle one): <u>steel tape</u> electric tape air line other: _____ | |
| Hole depth: <u>110</u> Well depth: <u>109</u> Well grouted to a depth of <u>10</u> feet | |
| Type of grout (circle one): <u>Cement</u> <u>Benmitt</u> Mix | |
| Casing length: <u>70</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>PVC</u> | |
| Screen length: <u>40</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>PVC</u> | |
| Screen slot size: <u>50</u> inches Sealing depth: From <u>70</u> feet to <u>110</u> feet | |
| Type of completion (circle all applicable): <u>Gravel pack</u> 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: <u>VISUAL</u> | |

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 PYLE 0674
 First Name of Water Well Contractor and License No. Signature of Water Well Contractor

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