

Circle S Rich Miss.

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)

County: COAHOMA
 Permit #: 0-773
 Driller: JOHN NEWCOME
 Date drilling completed: 4-1-06

For Office Use Only:
 Aquifer: _____
 Well #: C-123
 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>ALLEN EVANS</u> JOHN BOSSIDE LAND	Latitude: <u>34.23.50"</u> Longitude: <u>090.26.50"</u>
Mailing Address: <u>1590 GRANDBERRY RD. 38617</u> FRANKS POINT MI. 38827 COAHOMA State Zip Code	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No: <u>662-358-7798</u> 662-358-3045	USGS quad, <u>NE 1/4 NW 1/4</u> Sec <u>18</u> Twn <u>24N</u> Rng <u>2W</u> <u>NW SW</u> <u>7</u>
	Distance <u>5.7</u> Miles Direction <u>west</u> of Nearest Town <u>Rich Miss</u>

Well Data

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

Date well drilling started: 4-1-06 Date well drilling completed: 4-1-06

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

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 103 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth: From 70 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.

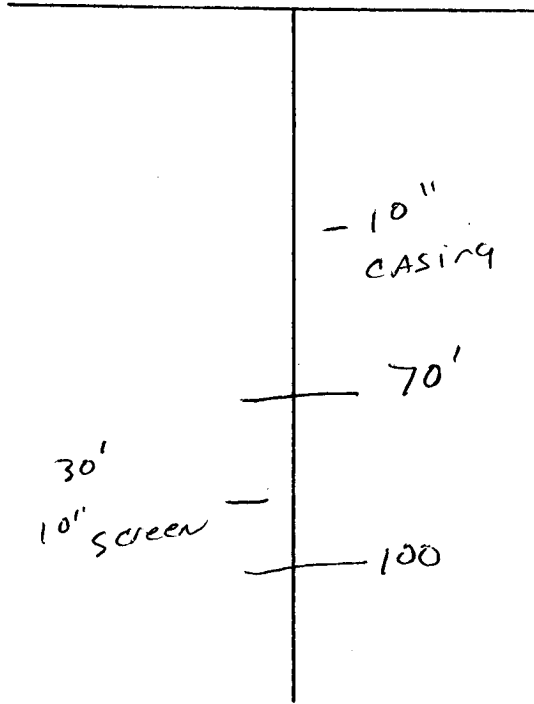
JOHN NEWCOME 0-773 John Newcome
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

THIS WELL DRILLED FOR CIRCLE S IRRIGATION
PUMP INSTALLED BY CIRCLE S

RECEIVED
APR 11 2006
BY: OLWR

If well telescopes please sketch below and show depths.

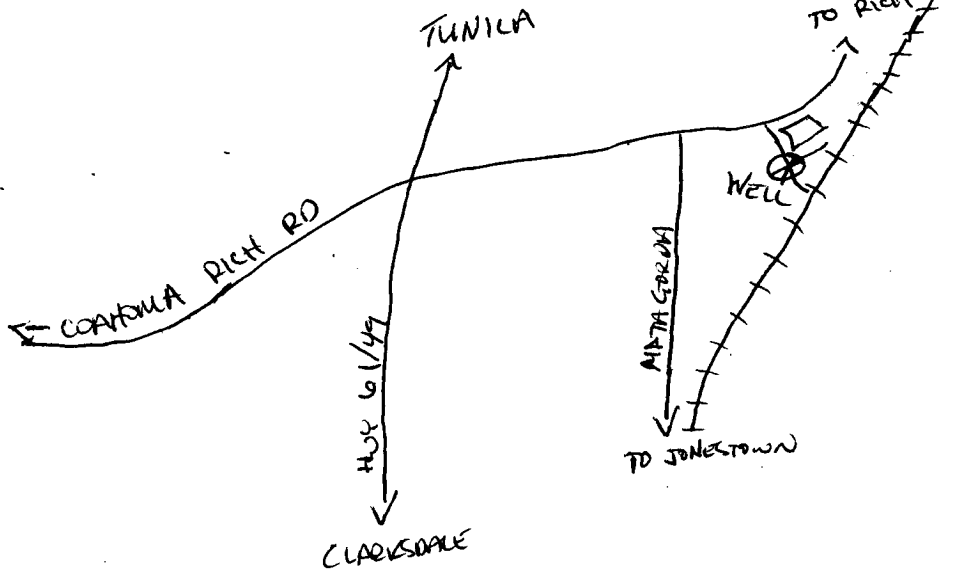
Ground Level



Description of Formations Encountered	From	To
Top Soil	0	10
Mix Clay	10	28
Fine Sand	28	60
Coarse Sand	60	100

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.



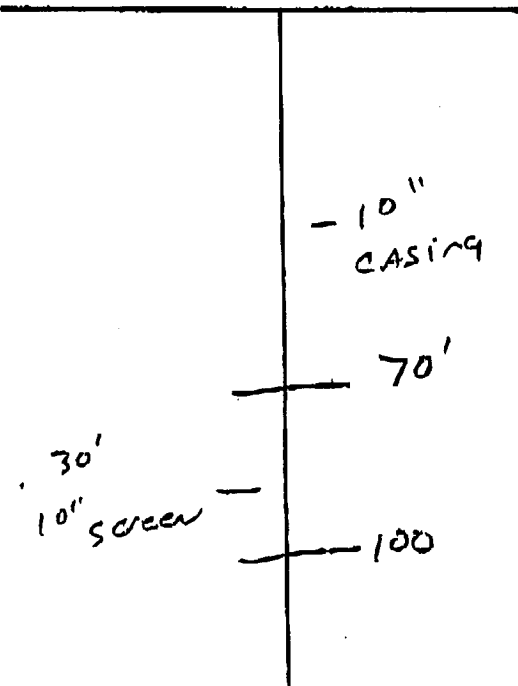
Landowner Name: _____

John N. Weaver
 Signature of Water Well Contractor

C-123

If well telescopes please sketch below and show depths.

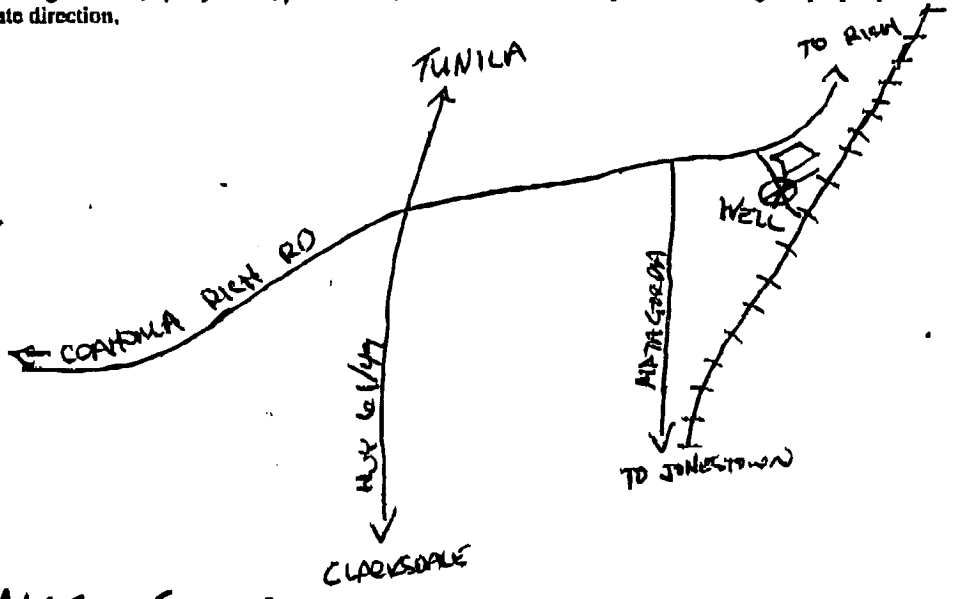
Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	10
MIX CLAY	10	28
FINE SAND	28	60
COARSE SAND	60	100

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: ALLEN ELMORE

[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)

County: Coahoma
Permit #: _____
Driller: _____
Date completed: _____

For Office Use Only:

Aquifer: _____
Well #: C-123
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>Evans Planting</u>	Latitude: <u>34° 23' 50"</u> Longitude: <u>090° 26' 50"</u>
Mailing Address: <u>1590 GRANBERRY RD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Coahoma</u> MS <u>38617</u>	<u>NE</u> ¼ <u>NW</u> ¼ Sec <u>18</u> Twn <u>29N</u> Rng <u>2W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 358-7798</u>	<u>5.7</u> Miles <u>WEST</u> of <u>Rich, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>4/12/06</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>850</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>21</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 _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
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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