

County: COAHOMA
 Permit #: GW40075
 Driller: Houston
 Date drilling completed: 5/5

**State Well Report
 Part 1 - Driller's 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 #: E-1410
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>STOVAIL FARMS</u> Mailing Address: <u>STOVAIL RD</u> <u>4146 STOVAIL ROAD</u> <u>CLAUSSONE MS 38614</u> City State Zip Code Telephone No. <u>(662) 624-2453</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>34° 18' 10" N</u> Longitude: <u>90° 38' 57" W</u> Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u>, Survey-grade GPS USGS quad, <u>NW 1/4 NE 1/4 Sec 18 Twn 20N Rng 4W</u> Distance _____ Miles Direction _____ of Nearest Town _____</p>
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Well / Borehole Data

Date drilling started: 5/5 Date drilling completed: 5/5 Hole depth: 100 Hole diameter: 20

Location of the source of any surface water used for drilling: SAME
 Method of dosing and volume of Chlorine used in drilling and development: 1 LB PER 1000

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Seismic Survey _____ Other (describe) _____
If drilling is not related to water well construction, skip the remainder of this block

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

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

Static Water Level: 21 feet above or below (circle one) land surface Date measured: 5/6

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

Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: 1.030 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 next page*

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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 #: E-140
Elevation: _____

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

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>PETE HUNTER</u>	Latitude: <u>34° 18' 10" N</u> Longitude: <u>090° 38' 50" W</u>
Mailing Address: <u>4146 STOUALL ROAD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Clarksdale</u> MS <u>38844</u>	1/4 _____ 1/4 Sec <u>18</u> Twn <u>28 N</u> Rng <u>4 W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 624-2153</u>	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>25</u>
Date Pump Installed: <u>7-11-05</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1000</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> <input checked="" type="radio"/>
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]
Signature of Pump Installer

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