

County: Cochran
 Permit #: 42003
 Driller: Pete Sappington
 Date drilling completed: 6-11-07

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 #: E144
 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>Heaton Farms</u>	Latitude: <u>34° 16' 41.6"</u> Longitude: <u>90° 35' 32.7"</u>
Mailing Address: <u>P.O. Box 15 B</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, <u>19</u>
<u>Lyon</u> <u>MS</u> <u>38645</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	1/4 Sec <u>27</u> Twp <u>28N</u> Rng <u>4W</u>
Telephone No. <u>(662) 624 1112</u>	Distance <u>2</u> Miles Direction <u>NW</u> of Nearest Town <u>Clarksdale</u>

Well Data

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

Date well drilling started: 6-11-07 Date well drilling completed: 6-11-07

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

Static Water Level: 22 feet above or below (circle one) land surface Date measured: 6-11-07

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 Bentonite 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 Sappington 0430 [Signature]
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

~~42003~~ 42003

RECEIVED
 AUG - 8 2007

YMD JOINT WATER MANAGEMENT DISTRICT

County: Coshama
 Permit #: GW42003
 Driller: Pete's Well Drilling
 Date drilling completed: 6-11-07

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 #: E-144
 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>Heaton Farms</u>	Latitude: <u>34° 16' 41.6"</u> Longitude: <u>90° 35' 32.7"</u>
Mailing Address: <u>P.O. Box 15 B</u>	Method of Lat/Long (circle one): <u>25</u> Conventional Survey, <u>19</u>
<u>Lyon</u> <u>MS</u> <u>38645</u>	USGS quad, <u>(Hand-held GPS)</u> , Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>27</u> Twn <u>28N</u> Rng <u>4W</u>
Telephone No. <u>(662) 624 6112</u>	Distance <u>2</u> Miles Direction <u>NW</u> of Nearest Town <u>Clarksdale</u>

Well Data

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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 Sappington 0430
 Print Name of Water Well Contractor and License No.

Pete Sappington
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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 JUL 17 2007
 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 #: 6W 42003
 Driller: PETE'S WELL DRILLING
 Date completed: 6-11-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: E-144
 Elevation: _____

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.

Well Owner Information	Well Location
Owner Name: <u>HEATON FARMS</u>	Latitude: <u>34° 16' 4/16"</u> Longitude: <u>90° 35' 327.19"</u>
Mailing Address: <u>P.O. BOX 1513</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey <input type="checkbox"/> Survey-grade GPS
<u>LYON</u> <u>MS</u> <u>38645</u>	USGS quad <u> </u> , <input checked="" type="checkbox"/> Hand-held GPS <input type="checkbox"/> Survey-grade GPS
City State Zip Code	<input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 Sec T <input type="checkbox"/> R
Telephone No. <u>(662) 624-6112</u>	Distance Direction Nearest Town <u>2</u> Miles <u>NW</u> of <u>CLARKSDALE</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input checked="" type="checkbox"/> Turbine	<input checked="" type="checkbox"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>100</u>
Date Pump Installed: <u>7-3-07</u>	Setting Depth: <u>600</u> feet
Rated Pump Capacity: <u>1400</u> Gallons Per Minute	Number of Stages: <u>4</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>22</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 0-752P _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

Job #
7319