

Job # 8913

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 #: E147  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

Coahoma

#: 42518

Dr: Pete's Well Drilling

Date drilling completed: 5-1-08

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>SWI Partners</u>	Latitude: <u>34° 15' 06.9" N</u> Longitude: <u>090° 33' 99.8" W</u>
Mailing Address: <u>Heaton Farms</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>P.O. Box 97</u>	USGS quad, <u>(hand-held GPS)</u> Survey-grade GPS
<u>Rehobothville, MS 38664</u>	<u>1/4</u> <u>1/4</u> Sec <u>36</u> Twn. <u>28N</u> Rng <u>4W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 363-2374</u>	<u>3</u> Miles <u>NW</u> of <u>Clarksdale</u>

Well Data

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

Date well drilling started: 5-1-08 Date well drilling completed: 5-1-08

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

Static Water Level: 22 feet above or below (circle one) land surface Date measured: 5-1-08

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: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12" 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 pack 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's Well Drilling 0430  
Print Name of Water Well Contractor and License No.

[Signature]  
Signature of Water Well Contractor

If well telescopes please check below and show depths.

42518

Job # 8913

County: Coahoma  
 Permit #: GW42518  
 Driller: Pete's Well Drilling  
 Date drilling completed: 5-1-08

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 Well #: E-147  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

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Owner Name: <u>SW1 Partners</u>	Latitude: <u>34° 15' 06.9" N</u> Longitude: <u>090° 33' 99.8" W</u>
Mailing Address: <u>Heaton Farms</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>P.O. Box 97</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>Robersonville, MS 38664</u>	<u>1/4</u> <u>1/4</u> Sec <u>36</u> Twn <u>28N</u> Rng <u>4W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 363-2374</u>	<u>3</u> Miles <u>NW</u> of <u>Clarksdale</u>

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Pete's Well Drilling 0430  
 Print Name of Water Well Contractor and License No.

Pete's Well Drilling  
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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BY: OLWR

E-147

OW 42518

Ground Level

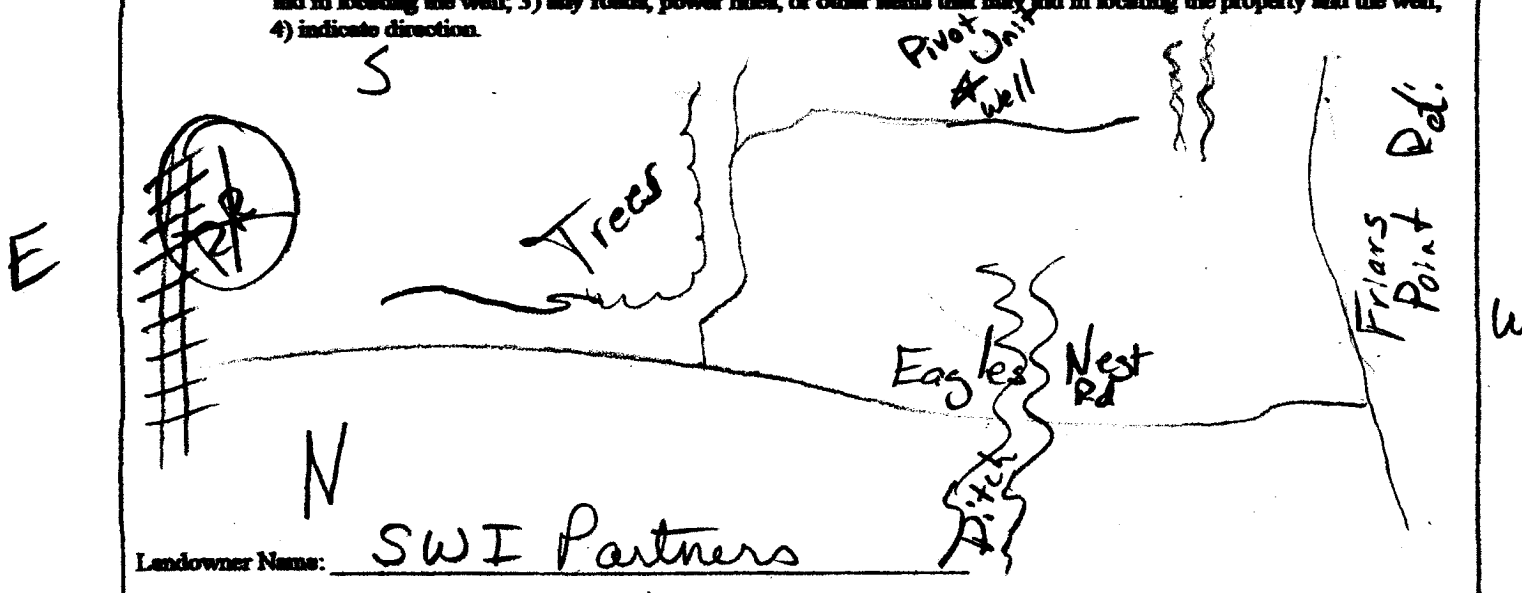
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Clay	0	40
fine sand	40	55
1 COURSE sand + gravel	55	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.



*(Signature)*  
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 #: E-147  
Elevation: \_\_\_\_\_

County: \_\_\_\_\_  
Permit #: GW 42518  
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: _____	Latitude: _____ Longitude: _____
Mailing Address: _____ _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng _____
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift      Jet      Submersible	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston      Turbine	Electric Motor      Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: _____	Setting Depth: _____ feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: _____

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): _____ 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.

Print Name of Pump Installer and License No. (if applicable) \_\_\_\_\_

Signature of Pump Installer \_\_\_\_\_

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JUN 13 2008

BY: OLWR