

County: Cookhoma
 Permit #: GW42769
 Driller: Pete's Well Drilling
 Date drilling completed: 7-18-08

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-149
 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>Tim Morris</u>	Latitude: <u>34° 18' 39"</u> Longitude: <u>90° 35' 50"</u>
Mailing Address: <u>6135 Friars Point Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Clarksdale MS 38614</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 10 Twn 28N Rng 4W</u>
Telephone No. <u>(662) 627-1096</u>	Distance <u>6</u> Miles Direction <u>E</u> of Nearest Town <u>Friars Point</u>

Well Data

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

Date well drilling started: 7-18-08 Date well drilling completed: 7-18-08

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

Static Water Level: 18 feet above or below (circle one) land surface Date measured: 7-18-08

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: 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'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

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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)

County: Cochran
 Permit #: _____
 Driller: Pete's well drilling
 Date completed: 7-10-08
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: E-149
 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>Tim Morris</u>	Latitude: <u>34-18-42</u> Longitude: <u>90-35-824</u>
Mailing Address: <u>6135 Friars Point Rd</u>	Method of Lat/Long (check one): Conventional Survey <u>50</u>
<u>Clarksdale MS 39614</u>	USGS quad <u>NE 1/4 SW 1/4 Sec 10 28 R 4 W</u>
City State Zip Code	<input checked="" type="checkbox"/> Hand-held GPS <input type="checkbox"/> Survey-grade GPS
Telephone No. <u>662-627-1096</u>	Distance Direction Nearest Town
	<u>6</u> Miles <u>E</u> of <u>Friars Point</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>110</u>		
Date Pump Installed: <u>7-30-08</u>			Setting Depth: <u>60</u> feet		
Rated Pump Capacity: <u>1600</u> Gallons Per Minute			Number of Stages: <u>3</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 _____ 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

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