

For Office Use Only:

Aquifer: _____
Well #: F-88
L. S. Elevation: _____
E-log #: _____

5 of # 7051

County: Cookson
Permit #: GW41770
Driller: Pete's Well Drilling
Date drilling completed: 3-13-07

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)

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° 12' 52"</u> Longitude: <u>90° 51' 15"</u>
Mailing Address: <u>P.O. Box 15 B</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>25</u> City, State Zip Code <u>Axon, MS 38645</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No. <u>(662) 634-6112</u>	<u>NW 1/4 SW 1/4 Sec 18 Twn 27N Rng 02W</u>
	Distance _____ Miles _____ Direction _____ of Nearest Town _____

Well Data

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

Date well drilling started: 3-13-07 Date well drilling completed: 3-13-07

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

Static Water Level: 19 feet above or below (circle one) land surface Date measured: _____

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 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 _____

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JUN 04 2007

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 Springston 0430
Print Name of Water Well Contractor and License No. _____
Signature of Water Well Contractor

If well telescopes please sketch below and show depth
Re Pet
41770

Job # 7051

County: Coahoma
 Permit #: 0W41770
 Driller: Pete's Well Drilling
 Date drilling completed: 3-13-07

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
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For Office Use Only:
 Aquifer: _____
 Well #: F-88
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 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° 12' 52.7"</u> Longitude: <u>90° 22' 22.0"</u>
Mailing Address: <u>P.O. Box 1513</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Lyons, MS 38645</u>	<u>NW 1/4 Sec 18 Twn 28N Rng 2W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 634-6112</u>	<u>3</u> Miles <u>S</u> of <u>JONES TOWN</u>

Well Data

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

Date well drilling started: 3-13-07 Date well drilling completed: 3-13-07

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

Static Water Level: 19 feet above or below (circle one) land surface Date measured: _____

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

[Signature]
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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 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: _____
Permit #: _____
Driller: Pete's Well Drilling
Date completed: _____

For Office Use Only:

Aquifer: _____
Well #: _____
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>Circle (S)</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Irrigation</u>	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 _____ 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.

Pete Spappington 0430
Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

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MAY 22 2007

BY: OLWR

