

Job # 8029

County: Cookham
 Permit #: GW42521
 Driller: Pete's Well Drilling
 Date drilling completed: 4-24-08

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 #: F-96
 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>Rusty Wright</u>	Latitude: <u>34°16'48.9"</u> N	Longitude: <u>090°25'47.6"</u> W	
Mailing Address: <u>Amright Farms</u> <u>675 Mills Rd</u> <u>Sledge, MS 38670</u> City State Zip Code	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>NW 1/4 NE 1/4 Sec 29 Twn 29S Rng 2W</u>		
Telephone No. <u>(662) 326-2712</u>	Distance: <u>5</u> Miles	Direction: <u>SE</u>	Nearest Town: <u>Jonestown</u>
Well Data			
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____			
Date well drilling started: <u>4-24-08</u>		Date well drilling completed: <u>4-24-08</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>20</u> feet above or below (circle one) land surface		Date measured: <u>4-24-08</u>	
Method of Measurement (circle one) <u>Steel tape</u> electric tape air line other: _____			
Hole depth: <u>100'</u>	Well depth: <u>100'</u>	Well grouted to a depth of <u>10'</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix			
Casing length: <u>60</u> feet	Casing diameter: <u>16</u> inches	Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet	Screen diameter: <u>16</u> inches	Type of screen: <u>PVC</u>	
Screen slot size: <u>0.32</u> inches Setting depth: From <u>60</u> feet to <u>100</u> feet			
Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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.			
<u>Pete's Well Drilling 0430</u>		<u>Pete Sledge</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

If well telescopes please sketch below and show depths.

MAY 29 2008

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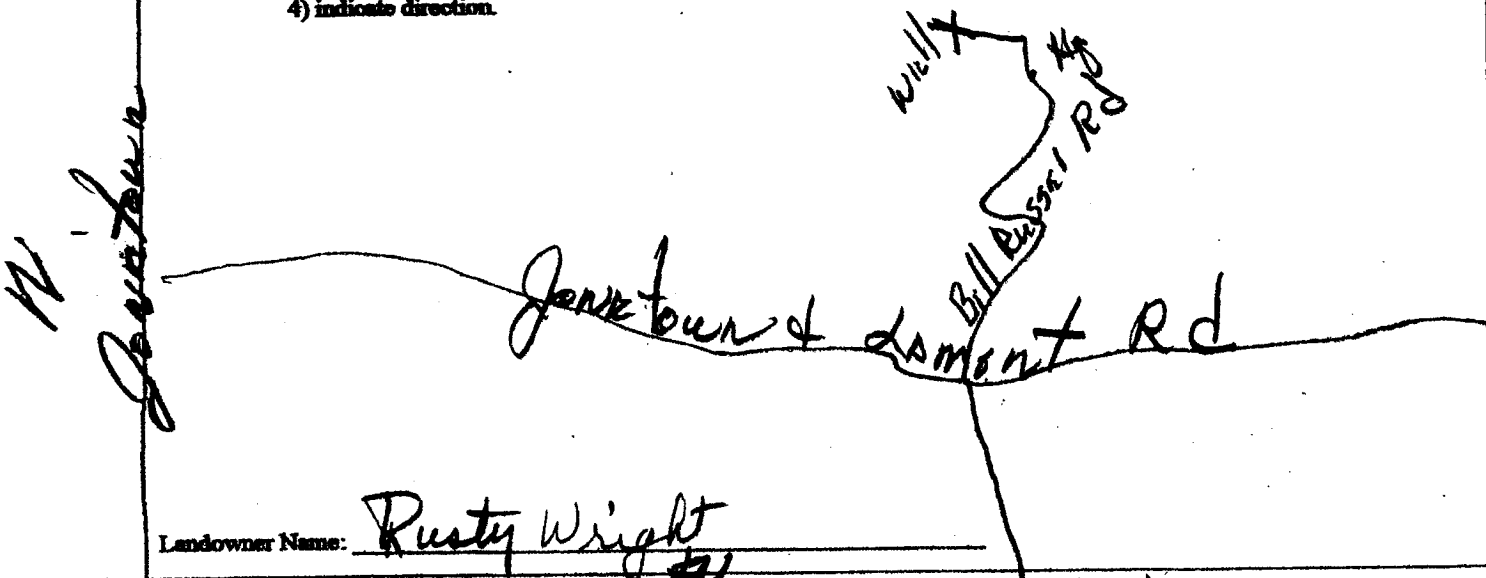
F-96

Ground Level

Description of Formations Encountered	From	To
CLAY	0	15
FINE SAND	15	40
COARSE SAND & GRAVEL	40	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)

County: COAHOMA
 Permit #: _____
 Driller: PETE'S WELL DRILLING
 Date completed: 4-24-08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: F-96
 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>RUSTY WRIGHT</u>	Latitude: <u>34° 16' 48.9"</u> Longitude: <u>090° 25' 47.6"</u>
Mailing Address: <u>AMRIGHT FARMS</u> <u>675 MILLS RD</u> <u>SLEDGE, MS 38670</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> USGS quad _____ Hand-held GPS <input type="checkbox"/> Survey-grade GPS <input type="checkbox"/> <u>NW 1/4 NE 1/4 Sec 29 T 28 R 2W</u>
Telephone No. <u>(662) 326-2712</u>	Distance Direction Nearest Town <u>5 Miles SE of JONESTOWN</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>70</u>
Date Pump Installed: <u>4-30-08</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>1200</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 <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>20</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

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MAY 29 2008

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