

County: Cochran
 Permit #: GW 4122
 Driller: Pete's Well Drilling
 Date drilling completed: 6-27-06

State Well Report

Part I

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 #: K-82
 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 Farm</u>	Latitude: <u>34° 14' 030" N</u> Longitude: <u>90° 33' 174" W</u>
Mailing Address: <u>P.O. Box 15 B</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Survey-grade GPS
<u>Lyon</u> MS <u>38645</u>	USGS quad, <u>SW 1/4 SW 1/4 Sec 06</u> Twn <u>27N</u> Rng <u>03W</u>
City State Zip Code	Distance <u>1 1/2</u> Miles Direction <u>NNW</u> of <u>Nearest Town</u>
Telephone No. <u>(662) 624 6112</u>	RECEIVED

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: AUG - 1 2006

Date well drilling started: 6-27-06 Date well drilling completed: 6-27-06

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

Static Water Level: 21 feet above or below (circle one) land surface Date measured: 6-27-06

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 110' Well depth: 110' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 50 feet Casing diameter: 12" inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 12" inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 50 feet to 110 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.

Petes Well Drilling + Pump Repair
 Print Name of Water Well Contractor and License No. # 0430

[Signature]
 Signature of Water Well Contractor

41222

State Well Report

Part I

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:

County: Cochoma
Permit #: OW 41222
Driller: Petes Well Drilling
Date drilling completed: 6-27-06

Aquifer: _____
Well #: K-82
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 Farm</u>	Latitude: <u>34° 14' 030" N</u> Longitude: <u>90° 33' 174" W</u>
Mailing Address: <u>P.O. Box 15 B</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey
<u>Lyon</u> <u>MS</u> <u>38645</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SW</u> 1/4 <u>SW</u> 1/4 Sec <u>6</u> Twn <u>27N</u> Rng <u>3W</u>
Telephone No. (<u>662</u>) <u>624 6112</u>	Distance Direction Nearest Town <u>1 1/2</u> Miles <u>NNW</u> of <u>Lyon</u>

Well Data

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

Date well drilling started: 6-27-06 Date well drilling completed: 6-27-06

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

Static Water Level: 21 feet above or below (circle one) land surface Date measured: 6-27-06

Method of Measurement (circle one) steel tape electric tape air line other: _____

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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.

Petes Well Drilling + Pump Repair
Print Name of Water Well Contractor and License No. # 0430

[Signature]
Signature of Water Well Contractor

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BY: OLWR

If well telescopes please sketch below and show depths.

K-82

Ground Level 6W41222

Large empty rectangular box for sketching well telescopes.

Description of Formations Encountered

From To

Description of Formations Encountered	From	To
6" ^{1/2} SAND	0	25
1" NK SAND	25	40
COURSE SAND GRAVE	40	110

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.

Large empty rectangular box for property layout sketch.

Landowner Name:

Horton Farms

[Signature]
Signature of Water Well Contractor

RECEIVED
JUL 25 2006
BY: OLWR

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County: Coahoma
 Permit #: EW 41222
 Driller: Petes Well Drilling
 Date completed: _____

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 #: K-~~82~~82
 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>HEATON FARMS</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. BOX 15 B</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>LYON</u> <u>MS</u> <u>39445</u>	<u>SE</u> ¼ <u>NE</u> ¼ Sec <u>1</u> Twn <u>27N</u> Rng <u>3W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 624-6112</u>	<u>2</u> Miles <u>NW</u> of <u>LYON</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>40</u>
Date Pump Installed: <u>7-26-06</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1600</u> Gallons Per Minute	Number of Stages: <u>2</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>21</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 0-7528 [Signature] RECEIVED
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer AUG 23 2006

BY: OLWR