County: Coahoma

Permit #:

Driller: Willie L. Bryant

Date drilling completed: 4-3-07

State Well Report

Part 1

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-84

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

Owner Name: Jonathan Byrd

Mailing Address: Rt. 3 Box 2246 Payne Rd.

Clarksdale (City) MS (State) 38614 (Zip Code)

Telephone No. (662) 902-3172

Well Location

Latitude: 34° 12' 39" N Longitude: 090° 38' 49" W

Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS

___ ¼ ___ ¼ Sec 18 Twn 27N Rng 3W

Distance 4½ Miles Direction west of Nearest Town Clarksdale

Well Data

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

Date well drilling started: 4-3-07 Date well drilling completed: 4-3-07

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

Static Water Level: 18' feet above or below (circle one) land surface Date measured: 4-3-07

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

Hole depth: 100' Well depth: 100' Well grouted to a depth of 12 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 90 feet Casing diameter: 4 inches Type of casing: PVC SCH 40

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: .013 inches Setting depth: From 90 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: 0 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.

Willie L. Bryant 0-639 — Print Name of Water Well Contractor and License No.

Willie L. Bryant — Signature of Water Well Contractor

Drilled for Luckett Pump & Well

K-84

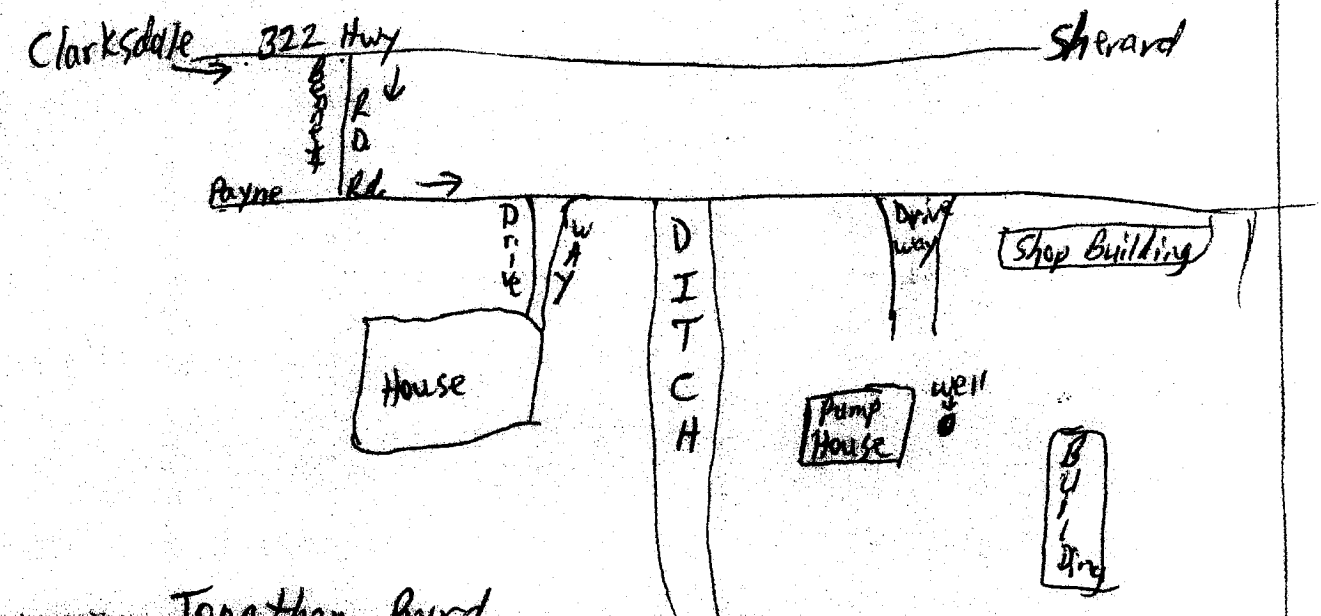
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	20
Clay	20	40
Clay & fine sand	40	60
Med/sand & gravel	60	80
gravel	80	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.



Landowner Name: Jonathan Byrd

Willie L Bryant
Signature of Water Well Contractor

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: Willie L. Bryant
Date completed: 4/3/07

For Office Use Only:
Aquifer: _____
Well #: K-84
Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information

Owner Name: Jonathan Byed
Mailing Address: Rt. 3 Box 2246 Payne Rd.
_____
_____
City State Zip Code
Telephone No. (662) 902-3172

Well Location

Latitude: N 34° 12.9820 Longitude: W 90 38.8281
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
____ ¼ ____ ¼ Sec____ Twn____ Rng____
Distance Direction Nearest Town
____Miles ____ of _____

Pump Type
Circle one

Air Lift, Jet, Submersible
Bucket, Piston, Turbine
Centrifugal, Rotary, Flowing Well
Other (specify): _____
Date Pump Installed: _____
Rated Pump Capacity: _____Gallons Per Minute

Power Type
Circle one

Diesel Engine, Gasoline Engine, Natural Gas
Electric Motor, Hand, Tractor PTO
Windmill, Other (specify): _____
Horse Power Rating of Motor: 1 hp
Setting Depth: 63 feet
Number of Stages: _____

Pump Test Data

Date Well Tested: _____
Static Water Level (A): _____Feet Below Land Surface
Pumping Water Level (B): _____Feet Below Land Surface
Drawdown [(B) – (A)]: _____Feet Below Land Surface
Test Pumping Rate: _____Gallons Per Minute
Duration of Pump Test (minimum 4 hours): _____hours

Method of Measuring Water Level
Circle one

Air Line, Electric Measuring Line, Steel Tape
Other (specify): _____
For flowing well, measured shut in head: _____feet
Well yielded _____GPM with a drawdown of
_____feet after _____hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Steve Luckett #0-721P
Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer