

Job 8355

Oahoma
6W 42262
Pete's Well Drilling
drilling completed: 7-11-08

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: K 95
Well #: _____
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>Yancey Farms</u> | | Latitude: <u>34° 12' 25" N</u> | Longitude: <u>90° 30' 11.2" W</u> |
| Mailing Address: <u>30 Milton Rd.</u> | | Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input checked="" type="radio"/> <u>Hand-held GPS</u> , <input type="radio"/> Survey-grade GPS | |
| <u>Collierville TN 38017</u> | | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS | |
| City: _____ State: _____ Zip Code: _____ | | <u>6W 1/4 Sec 15 Twn 27 N Rng 3 W</u> | |
| Telephone No. <u>(901) 461-6096</u> | | Distance: <u>3</u> Miles | Direction: <u>N 1/2</u> of <u>Clarksdale, MS</u> |

Well Data

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

Date well drilling started: 7-11-08 Date well drilling completed: 7-11-08

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

Static Water Level: 26 feet above or below (circle one) land surface Date measured: 7-11-08

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: AUG 12 2008

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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.

MISSISSIPPI JOINT WATER MANAGEMENT DISTRICT

Pete's Well Drilling 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.

42767

County: Coahoma
 Permit #: GW 42767
 Driller: Pete's Well Drilling
 Date drilling completed: 7-11-08

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 #: K-95
 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>Yancey Farms</u> | Latitude: <u>34° 11' 85.2"</u> Longitude: <u>90° 30' 11.2"</u> |
| Mailing Address: <u>30 Milton Rd.</u> | Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS |
| <u>Collierville TN 38017</u> | USGS quad, _____, _____ |
| City State Zip Code | _____ 1/4 _____ 1/4 Sec _____ Twn _____ Rng |
| Telephone No. <u>(901) 461-6096</u> | Distance <u>3</u> Miles Direction <u>W 1/2</u> of Nearest Town <u>CLARK'S DALE, MS</u> |

Well Data

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

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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.

[Signature]
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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AUG 28 2008

BY: OLWR

K-95

GW42767

Ground Level

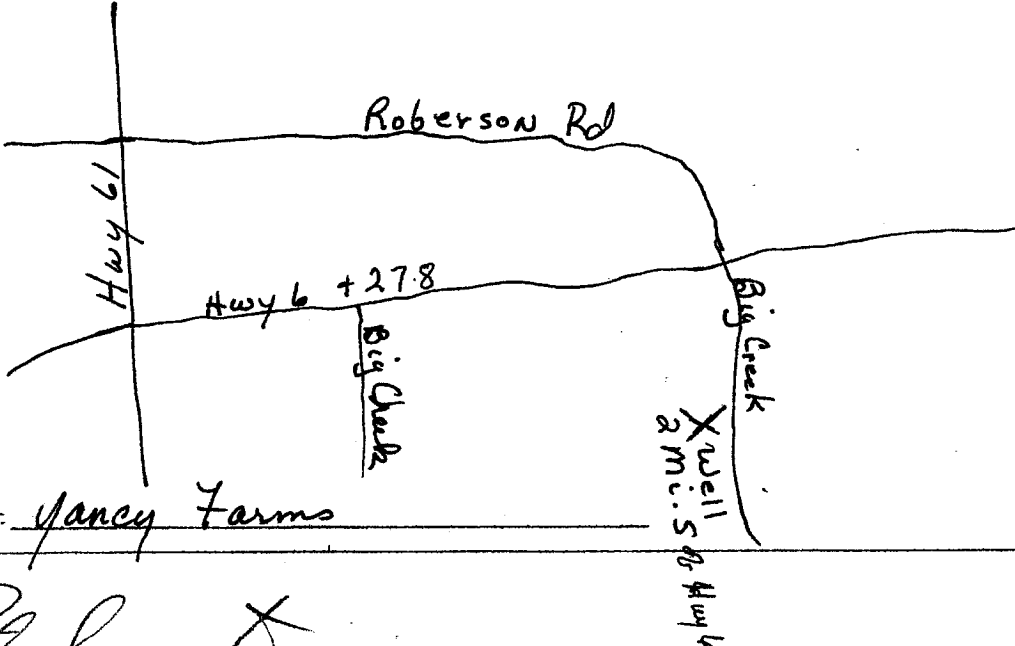
Description of Formations Encountered

From To

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| CLAY | 0 | 33 |
| FINE SAND | 34 | 50 |
| Coarse Sand + Gravel | 50 | 100 |
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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: Yancy Farms

Signature of Water Well Contractor

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 BY: OLWR

Job 8355

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)

| | |
|----------------------|-------------|
| For Office Use Only: | |
| Aquifer: | |
| Well #: | <u>K-95</u> |
| Elevation: | |

| | |
|--|-----------------------------|
| County: | <u>Cochitama</u> |
| Permit #: | <u>6W42767</u> |
| Driller: | <u>Pete's well drilling</u> |
| Date completed: | <u>7-11-08</u> |
| <i>Copy information from block on Part 1</i> | |

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>Yancey Farms</u> | Latitude: | <u>34° 11' 55.7" N</u> |
| Mailing Address: | <u>30 Milton Rd.</u> | Longitude: | <u>90° 30' 11.2" W</u> |
| | <u>Clarendon TN 38017</u> | Method of Lat/Long (check one): | Conventional Survey <input type="checkbox"/> |
| City | State | Zip Code | USGS quad <u>(Hand-held GPS)</u> <input checked="" type="checkbox"/> Survey-grade GPS <input type="checkbox"/> |
| Telephone No. | <u>(901) 461-6096</u> | ¼ Sec | <u>21 T 27 R 3 W</u> |
| | | Distance | Direction |
| | | <u>3</u> Miles | <u>NE</u> of <u>Clarksdale, MS</u> |

| Pump Type Circle one | | | Power Type Circle one | | |
|---|--------|----------------|--|------------------------|-------------|
| Air Lift | Jet | Submersible | Diesel Engine | Gasoline Engine | Natural Gas |
| Bucket | Piston | <u>Turbine</u> | <u>Electric Motor</u> | Hand | Tractor PTO |
| Centrifugal | Rotary | Flowing Well | Windmill | Other (specify): _____ | |
| Other (specify): _____ | | | Horse Power Rating of Motor: <u>60</u> | | |
| Date Pump Installed: <u>7-15-08</u> | | | Setting Depth: <u>60</u> feet | | |
| Rated Pump Capacity: <u>2200</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 |
| Static Water Level (A): | <u>26</u> Feet Below Land Surface | <u>Steel Tape</u> | |
| Pumping Water Level (B): | _____ Feet Below Land Surface | Other (specify): _____ | |
| Drawdown [(B) - (A)]: | _____ Feet Below Land Surface | For flowing well, measured shut in head: _____ feet | |
| Test Pumping Rate: | _____ Gallons Per Minute | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping | |
| 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 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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