

State Well Report

Part 1 - Driller's Log

County: Cochosma
Permit #: MS-GW-46053
Driller: Joel Jumper
Date drilling completed: 5-25-12

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

For Office Use Only:
Aquifer: _____
Well #: L120
L. S. Elevation: _____
E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Young JR, W E</u>	Latitude: <u>30° 38' 931"</u> Longitude: <u>34° 07' 239"</u>
Mailing Address: <u>4793 East Shore Drive</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u>
<u>Memphis TN 38109</u>	USGS quad: <u>SW 1/4 SE 1/4 Sec 18 Twn 26N Rng 04W</u>
Telephone No. <u>(662) 645-5235</u>	Distance: <u>5</u> Miles Direction: <u>S</u> of Nearest Town: <u>Clarksdale</u>

Well / Borehole Data

Date drilling started: 5-25-12 Date drilling completed: 5-25-12 Hole depth: 114 Hole diameter: 2 1/2 in

Location of the source of any surface water used for drilling: Well right beside us

Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____

Seismic Survey _____ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

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

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

Static Water Level: 33 feet above or below (circle one) land surface Date measured: 5-26-12

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

Well depth: 114 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 74 feet Casing diameter: 16 in inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 in inches Type of screen: PVC

Screen slot size: 050 inches Setting depth: From 0 feet to 80 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

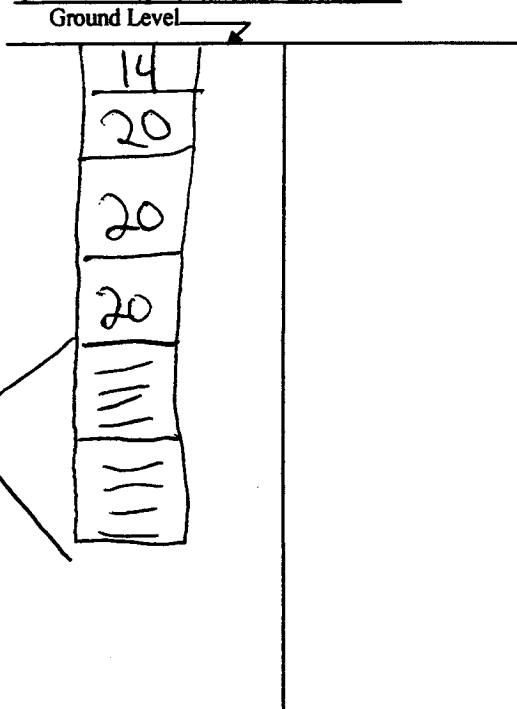
Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SW-1008
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The sketch below only required for water wells

If well telescopes, show depths on sketch

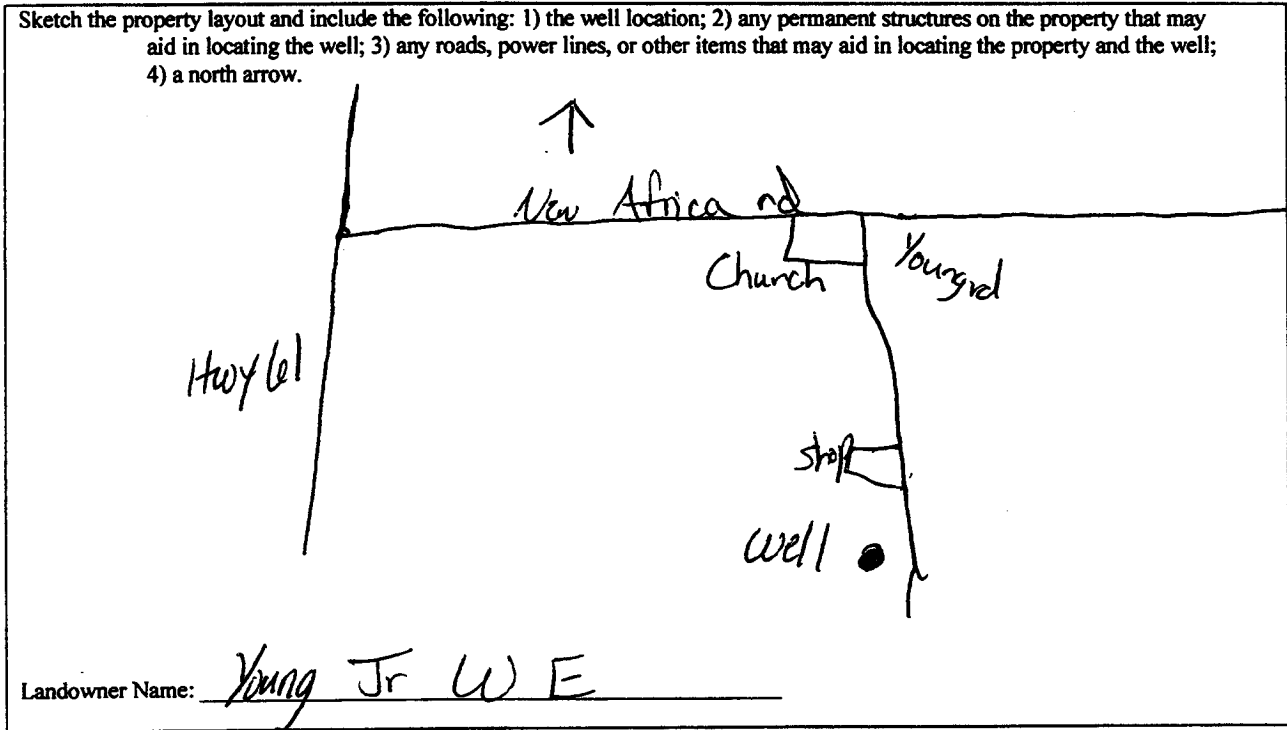


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	10
Clay	10	20
Clay	20	30
Clay & gumba	30	40
Fine sand	40	50
fine sand	50	60
Course sand	60	70
Course sand	70	80
Course sand	80	90
Course sand	90	100
sand & rock	100	110
sand & rock	110	114

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) a north arrow.



Form: OLWR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Joel Jumper OLW-368
Print Name of Responsible Licensee and License No.

5-25-12
Date

Joel Jumper
Signature of Licensee

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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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Coahoma
 Permit #: MS-GW-410053
 Driller: Joel Jumper
 Date completed: 5-26-12
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: L120
 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>Young Jr W E</u>	Latitude: <u>090-38-931</u> Longitude: <u>34-07-239</u>
Mailing Address: <u>4703 East Shore drive</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Memphis TN 38104</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 SE 1/4 Sec 18 T 26N R 04W</u>
Telephone No. <u>(662) 645-5235</u>	Distance Direction Nearest Town
	<u>5</u> Miles <u>S</u> of <u>Clarksdale</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<input checked="" type="radio"/> Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input checked="" type="radio"/> Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40 H.P.</u>
Date Pump Installed: <u>5-26-12</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1200</u> Gallons Per Minute	Number of Stages: <u>02</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-26-12</u>	Air Line <input checked="" type="radio"/> Electric Measuring Line Steel Tape
Static Water Level (A): <u>32</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>45</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>45</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>1200</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

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

Joel Jumper RPO-0000-4844 Joel Jumper **RECEIVED**
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWB-11B (04-08-2012)

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