

Job # 7299

County: Coahoma
 Permit #: 41973
 Driller: Pete's Well Drilling
 Date drilling completed: 6-13-07

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:
 Acquirer: _____
 Well #: M104
 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>Charles Umrah</u>	Latitude: <u>34° 08' 35"</u> Longitude: <u>90° 29' 40"</u>
Mailing Address: <u>2300 Rimbart Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>SL11-8-07</u> USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Clarksdale MS 38614</u>	<u>NW 1/4 SW 1/4 Sec 10 Twn 20N Rng 3W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 627-3494</u>	<u>10 Miles SE of Clarksdale</u>

Well Data

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

Date well drilling started: 6-13-07 Date well drilling completed: 6-13-07

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

Static Water Level: 2.2 feet above or below (circle one) land surface Date measured: 6-13-07

Method of Measurement (circle one) steel tape electric tape _____

Hole depth: 100 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Benamite Mix

Casing length: 60 feet Casing diameter: 16 inches YMD JOINT WATER

Screen length: 40 feet Screen diameter: 16 inches MANAGEMENT DISTRICT PVC

Screen slot size: .052 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: _____

RECEIVED
 JUL 19 2007

Names 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 0431 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well information please attach below and show depths.

41973

Job # 7299

County: Coahoma
 Permit #: OW41973
 Driller: Pete's Well Drilling
 Date drilling completed: 6-13-07

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 #: M-104
 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>Charles Umruh</u>	Latitude: <u>34° 08' 35"</u> Longitude: <u>90° 29' 40"</u>
Mailing Address: <u>2380 Reinhart Rd</u>	Method of Lat/Long (circle one): <u>20</u> Conventional Survey, <u>56</u>
<u>Clarksdale, MS 38614</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>Nw 1/4 Sw 1/4 Sec 10 Twn 26 N Rng 3 W</u>
Telephone No. <u>(662) 627-3496</u>	Distance Direction Nearest Town <u>10</u> Miles <u>ESE</u> of <u>Clarksdale</u>

Well Data

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

Date well drilling started: 6-13-07 Date well drilling completed: 6-13-07

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

Static Water Level: 22 feet above or below (circle one) land surface Date measured: 6-13-07

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: _____

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 0431
 Print Name of Water Well Contractor and License No.

[Signature]
 Signature of Water Well Contractor

If well telescopes please check below and show depths.

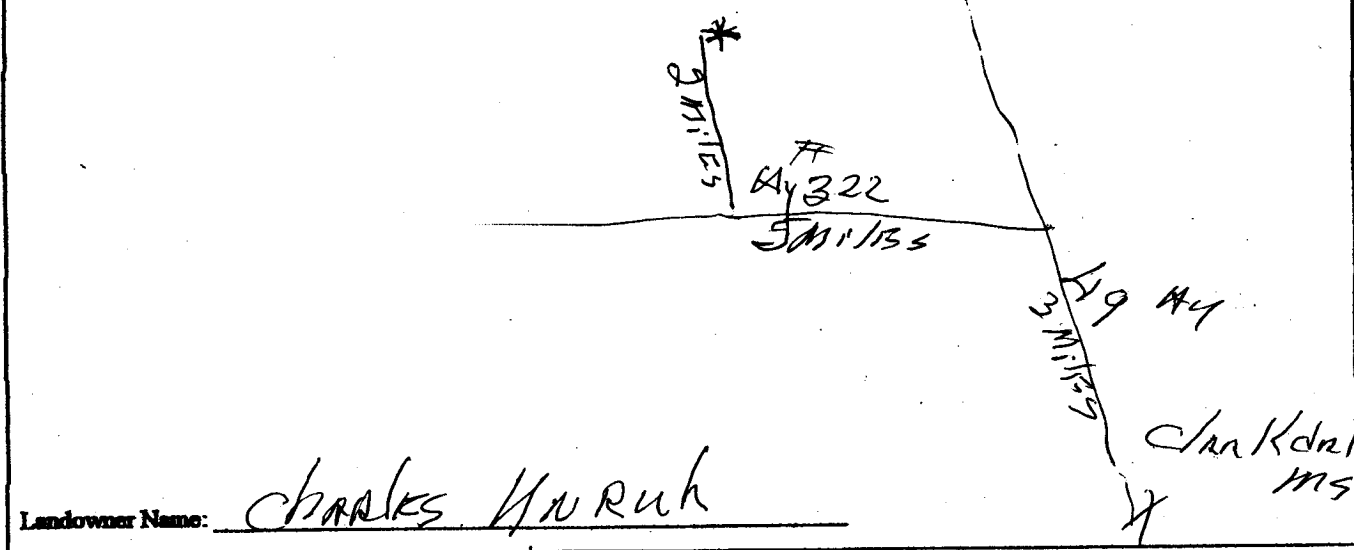
RECEIVED
 JUL 17 2007
 BY: OLWR

Ground Level GW41923

Description of Formations Encountered	From	To
CLAY	0	30
COARSE SAND & GRAVEL	30	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: CHARLES HURK

[Signature]
Signature of Water Well Contractor

RECEIVED
JUL 17 2007
BY: OLWR

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: LOAHOMA
 Permit #: 6W41973
 Driller: PETE'S WELL DRILLING
 Date completed: 6-13-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: M-
 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>CHARLES UNRUH</u>	Latitude: <u>31° 08' 33.5"</u> Longitude: <u>90° 29' 40.56"</u>
Mailing Address: <u>2380 REINHART RD</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>CLARKSDALE MS 38614</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. <u>(662) 627-3496</u>	Distance Direction Nearest Town
	<u>10</u> Miles <u>ESE</u> of <u>CLARKSDALE</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>60</u>
Date Pump Installed: <u>6-29-07</u>	Setting Depth: <u>70</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 <u>Steel Tape</u>
Static Water Level (A): <u>22</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

Form: OLWR-SWR-1B

JOB #
7299