

Job # 7337

\$105

County: Cookham
 Permit #: QU42011
 Driller: Pete's Well Drilling
 Date drilling completed: 6-29-07

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)961-3210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: Q105
 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>Malcolm Mabry</u>	Latitude: <u>34° 04' 09.7"</u> Longitude: <u>90° 30' 9.18"</u>
Mailing Address: <u>P.O. Box 129</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Dublin, MS 38739</u>	1/4 _____ 1/4 Sec _____ Twn _____ Rng _____
City State Zip Code	Distance _____ Direction _____ Nearest Town _____
Telephone No. (601) <u>627-4628</u>	<u>2</u> Miles <u>S</u> of <u>Dublin</u>

Well Data

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

Date well drilling started: 6-29-07 Date well drilling completed: 6-29-07

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

Static Water Level: 20' feet above or below (circle one) land surface Date measured: 6-29-07

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: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .032 inches Setting depth: From 600 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): _____

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AUG - 2 2007

YMD JOINT WATER MANAGEMENT DISTRICT

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 telephones please sketch below and show depths.

42011.

Job # 7387

County: Coahoma
 Permit #: GW 42011
 Driller: Pete's Well Drilling
 Date drilling completed: 6-29-07

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 #: Q-105
 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>Malcolm Mabry</u>	Latitude: <u>34° 04' 09.7"</u> Longitude: <u>90° 30' 9.18"</u>
Mailing Address: <u>P.O. Box 129</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, USGS quad, Survey-grade GPS
<u>Dublin, MS 38739</u>	1/4 _____ 1/4 Sec <u>4</u> Twn <u>25N</u> Rng <u>3W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 627-4628</u>	<u>2</u> Miles <u>S</u> of <u>Dublin</u>

Well Data

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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 of Water Well Contractor _____

If well telescopes please sketch below and show depths.

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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: COAHOMA
 Permit #: OW42011
 Driller: PETE'S WELL DRILLING
 Date completed: 6-29-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: Q-
 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>Malcolm Mabry</u>	Latitude: <u>34° 04' 07.7"</u> Longitude: <u>90° 30' 9.18"</u>
Mailing Address: <u>P.O. Box 129</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Dublin, MS 38239</u>	USGS quad <u>Hand-held GPS</u> Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. <u>663 627-4628</u>	Distance Direction Nearest Town
	<u>2</u> Miles <u>S</u> of <u>Dublin</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>7-5-07</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>700</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>20</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

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