

State Well Report

Part I

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: DeSoto
Permit #: 61041639
Driller: Delta Drilling & Service
Date drilling completed: 3-12-07

For Office Use Only:
Aquifer: _____
Well #: A-109
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>Cap. Agui Pappetys</u>	Latitude: <u>34.57.884</u> Longitude: <u>90.14.273</u>
Mailing Address: <u>6750 Poplar Ave.</u> <u>Suite 710</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Memphis TN 38138</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 27 Twn 1S Rng 10W</u>
Telephone No. <u>901 758-3351</u>	Distance Direction Nearest Town <u>5</u> Miles <u>N</u> of <u>Jole Courthouse</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 3-12-07 Date well drilling completed: 3-12-07
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 20 feet above or below (circle one) land surface Date measured: 3/4-07
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: 0032 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.

ALAN PYLE 0674

MAR 27 2007

Alan Pyle

MAR 28 2007

Print Name of Water Well Contractor and License No.

YMD JOINT WATER

Signature of Water Well Contractor

MANAGEMENT DISTRICT

411639

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 #: <u>A-109</u>
L. S. Elevation: _____	E-log #: _____

County: <u>DeSoto</u>
Permit #: <u>6W41639</u>
Driller: <u>Delta Drilling of Tricore</u>
Date drilling completed: <u>3-12-07</u>

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>Cap. Agri Properties</u>	Latitude: <u>34.57.884</u> Longitude: <u>90.14.273</u>
Mailing Address: <u>6750 Poplar Ave.</u>	Method of Lat/Long (circle one): <input checked="" type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input checked="" type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Suite 710</u>	<u>NW 1/4 SE 1/4 Sec 27 Twn 1 S Rng 10 W</u>
<u>Memphis TN 38138</u>	Distance: <u>5</u> Miles Direction: <u>N</u> of Nearest Town: <u>Jake Covenant</u>
City State Zip Code	
Telephone No. <u>(901) 758-3351</u>	

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply <input checked="" type="radio"/> Irrigation Fish Culture Other: _____	
Date well drilling started: <u>3-12-07</u>	Date well drilling completed: <u>3-12-07</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>20</u> feet above or below (circle one) land surface	Date measured: <u>3/4-07</u>
Method of Measurement (circle one) <input checked="" type="radio"/> steel tape electric tape air line other: _____	
Hole depth: <u>100</u> Well depth: <u>100</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <input checked="" type="radio"/> Bentonite Mix	
Casing length: <u>60</u> feet Casing diameter: <u>16</u> inches	Type of casing: <u>PVC</u>
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches	Type of screen: <u>PVC</u>
Screen slot size: <u>0032</u> inches	Setting depth: From <u>60</u> feet to <u>100</u> feet
Type of completion (circle all applicable): <input checked="" type="radio"/> Gravel packed <input type="radio"/> Underreamed <input type="radio"/> Telescoped <input type="radio"/> Open hole <input type="radio"/> 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.

<u>ALAN PYLE 0674</u> Print Name of Water Well Contractor and License No.	 Signature of Water Well Contractor
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RECEIVED
MAR 28 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)

For Office Use Only:

Aquifer: _____

Well #: A-109

Elevation: _____

County: DeSoto
 Permit #: 6W41639
 Driller: Delta Drilling
 Date completed: 3-18-07

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	Well Location
Owner Name: <u>CAPS</u>	Latitude: <u>34°57'88.4"</u> Longitude: <u>098°14'27.3"</u>
Mailing Address: <u>6750 Poplar Ave</u> <u>Suite 710</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Mem, TN</u> <u>38138</u>	<u>NW 1/4 SE 1/4 Sec 27 Twn 15 Rng 10 W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(901) 758-3351</u>	<u>5</u> Miles <u>N</u> of <u>Jake Courant</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>100</u>
Date Pump Installed: <u>3-18-07</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2500</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 Steel Tape
Static Water Level (A): _____ 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.

ALAN DYLE

Print Name of Pump Installer and License No. (if applicable)

Alan Dyle
 Signature of Pump Installer

RECEIVED

MAR 28 2007

BY: OLWR