

**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)

For Office Use Only:

Aquifer: _____
Well #: A110
L. S. Elevation: _____
E-log #: _____

As to 42778
Delta Drilling of Texas
Drilling completed: 7-18-08

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

Owner Name: Markin McClellan
Mailing Address: 4120 Pinchurst Blvd.
Southaven Ms 38772
City State Zip Code
Telephone No. (601) 351-1820

Well Location

Latitude: N34° 58' 32" Longitude: W90° 15' 23"
Method of Lat/Long (circle one): Conventional Survey
USGS quad Hand-held GPS Survey-grade GPS
6W 4SW 4 Sec 22 Twn 2S Rng 10W
Distance 6 Miles Direction West of Nearest Town Walls, Ms.

Well Data

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

Date well drilling started: 7-18-08 Date well drilling completed: 7-18-08

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

Static Water Level: 23 feet above or below (circle one) land surface Date measured: 7-21-08

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

Hole depth: 108' Well depth: 108' Well grouted to a depth of 10 feet

Type of grout (circle one) Cement Bentonite Mix

Casing length: 66 feet Casing diameter: 11/2 inches Type of casing: PVC

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

Screen slot size: .050 inches Setting depth: From 68 feet to 108 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.

Delta Drilling of Texas Inc. #0674
Print Name of Water Well Contractor and License No.

Alton Pyle
Signature of Water Well Contractor

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YMD JOINT WATER MANAGEMENT DISTRICT

42778

State Well Report

Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
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(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: A-110
L. S. Elevation: _____
E-log #: _____

County: Desoto
Permit #: GW42778
Driller: Delta Drilling of Tunica
Date drilling completed: 7-18-08

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>Makelm McClanahan</u>	Latitude: <u>N34° 59' 52.5"</u> Longitude: <u>W90° 15' 37.5"</u>
Mailing Address: <u>4120 Pinchurst Blvd.</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> , Conventional Survey, Survey-grade GPS
<u>Southaven</u> Ms. <u>38672</u>	USGS quad: <u>8W 4 SW 4 Sec 22 Twn 1 S Rng 10 W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(901) 351-1820</u>	<u>6</u> Miles <u>West</u> of <u>Walls, Ms.</u>

Well Data

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

Date well drilling started: 7-18-08 Date well drilling completed: 7-18-08

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

Static Water Level: 23 feet above of below (circle one) land surface Date measured: 7-21-08

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

Hole depth: 108' Well depth: 108' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 68 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: 1050 inches Setting depth: From 68 feet to 108 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.

Delta Drilling of Tunica Inc. #0674
Print Name of Water Well Contractor and License No.

Allen Pyle
Signature of Water Well Contractor

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BY: OLWP

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)954-6938 (fax)

For Office Use Only

County: Desoto
 Permit #: OW 42778
 Driller: Delta Drilling of Tunica Inc.
 Date completed: 7-21-08

Aquifer: _____
 Well #: A-110
 Elevation: _____

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>Malcolm McClellan</u>	Latitude: <u>33° 58.525'</u> Longitude: <u>W 90° 15.375'</u>
Mailing Address: <u>4120 Pinchusst Blvd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Southaven Ms. 38672</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SW 1/4 SW 1/4 Sec. 22 Twp 1S Rng 10W</u>
Telephone No. <u>(901) 351-1820</u>	Distance Direction Nearest Town <u>6 miles West of Walls Ms.</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Motor Power Rating of Motor: <u>100</u>
Date Pump Installed: <u>7-21-08</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>2200</u> Gallons Per Minute	Number of Stages: <u>1</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): _____ Foot Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Foot Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown (B) - (A): _____ Foot 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.

Delta Drilling of Tunica Inc. #10674 Allen Pyle
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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AUG 11 2008

BY: OLWR