

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 #: E-88
L. S. Elevation: _____
E-log #: _____

County: Desoto
Permit #: _____
Driller: Delta Drilling of Louisiana
Date drilling completed: 10-17-05

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>Desoto Investments</u>	Latitude: <u>34° 54' 9.39" N</u> Longitude: <u>90° 13' 21.13" W</u>
Mailing Address: <u>CAPS</u> <u>6750 Poplar Avenue</u> <u>Memphis Tenn 38138</u> City State Zip Code	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS <u>NE 1/4 NE 1/4 Sec 19 Twn 2S Rng 10W</u>
Telephone No. <u>(901) 758-3351</u>	Distance Direction Nearest Town <u>1.5</u> Miles <u>N</u> of <u>LAKE CORMACANTMS</u>

Well Data

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

Date well drilling started: 10-17-05 Date well drilling completed: 10-17-05

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

Static Water Level: 22 feet above or below (circle one) land surface Date measured: 10-24-05

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

Hole depth: 120 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16 inches Type of casing: Steel

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

Screen slot size: 0.50 inches Setting depth: From 80 feet to 120 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: VISUAL

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 DYLE 0674 _____
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

7.1.10
11-4-05
Friday

RECEIVED
NOV 10 2005
BY: OLWR

The following information was obtained from the records of the
 Department of the Interior, Bureau of Land Management, on the
 subject of the above-captioned land. The land is situated in
 the State of California, County of [County Name], and is
 described as follows: [Description of land]
 The land is owned by [Owner Name], who is the
 [Relationship] of [Relationship Name]. The land is
 situated in the [Township] and [Range] of the [Section]
 of the [County] and [State]. The land is bounded by
 [Boundaries] and contains an area of [Area] acres.
 The land is subject to the following conditions:
 1. [Condition 1]
 2. [Condition 2]
 3. [Condition 3]

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 of the [County] and [State]. The land is bounded by
 [Boundaries] and contains an area of [Area] acres.
 The land is subject to the following conditions:
 1. [Condition 1]
 2. [Condition 2]
 3. [Condition 3]

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: DeSoto
 Permit #: _____
 Driller: _____
 Date completed: _____

For Office Use Only:

Aquifer: _____
 Well #: E-88
 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: _____ Mailing Address: <u>SAME AS WELL</u> <u>PART 1</u> _____ City State Zip Code Telephone No. () _____	Latitude: <u>SAMB AS WELL</u> Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS 1/4 Sec _____ 1/4 Sec _____ Twn _____ Rng _____ Distance Direction Nearest Town _____ Miles _____ of _____

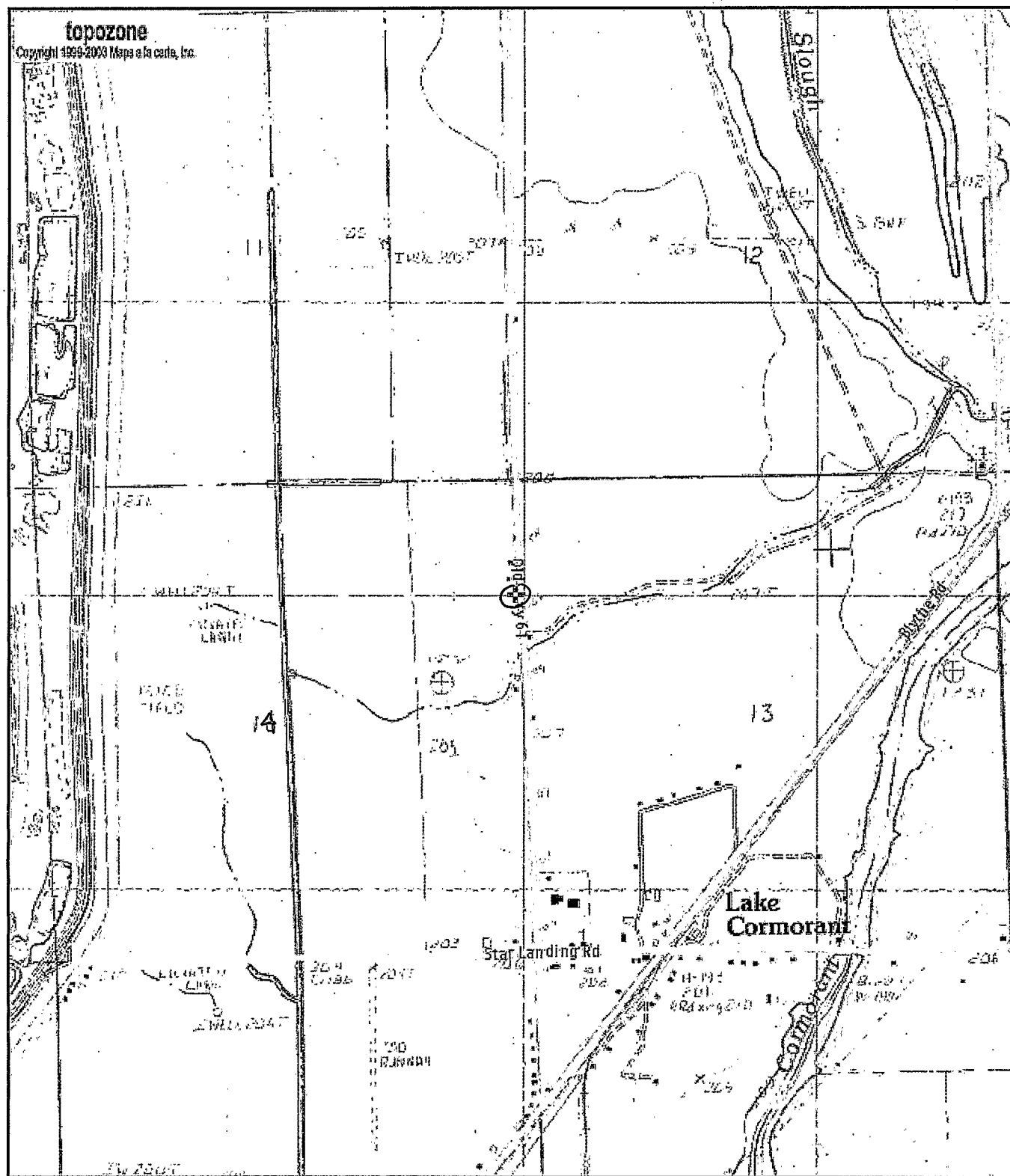
Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>10-24-05</u> Rated Pump Capacity: <u>3000</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>60</u> feet Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line Electric Measuring Line Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

ALAN PYLE _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 NOV 10 2005
BY: OLWR



0 0.3 0.5 0.9 1.2 1.5 km 033E0088

0 0.2 0.4 0.6 0.8 1 mi

34° 54' 57"N, 90° 13' 13"W (NAD83/WGS84)
USGS Lake Cormorant (MS,TN,AR) Quadrangle
 Projection is UTM Zone 15 NAD83 Datum

M=-0.092
 G=1.592