County: DESOTO

Permit #:

Driller: Delta Drilling of Tunica

Date drilling completed: 10-20-05

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-89

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

Owner Name: Desoto Investments

Mailing Address: CAPS
6750 Poplar Ave.
Memphis TN 38138
City State Zip Code

Telephone No. (901) 758-33-51

Well Location

Latitude: 34 ° 54 ' 50.3/30 " Longitude: 90 ° 13 ' 20.6/12 "

Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS

SE ¼ SE ¼ Sec 14 Twn 2S Rng 10 W

Distance ½ Miles Direction W of Nearest Town LAKE CORMORANT

Well Data

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

Date well drilling started: 10-20-05 Date well drilling completed: 10-20-05

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

Static Water Level: 20 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: 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: Steel

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

Screen slot size: .050 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: 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 PYLE 0674

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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BY: OLWR

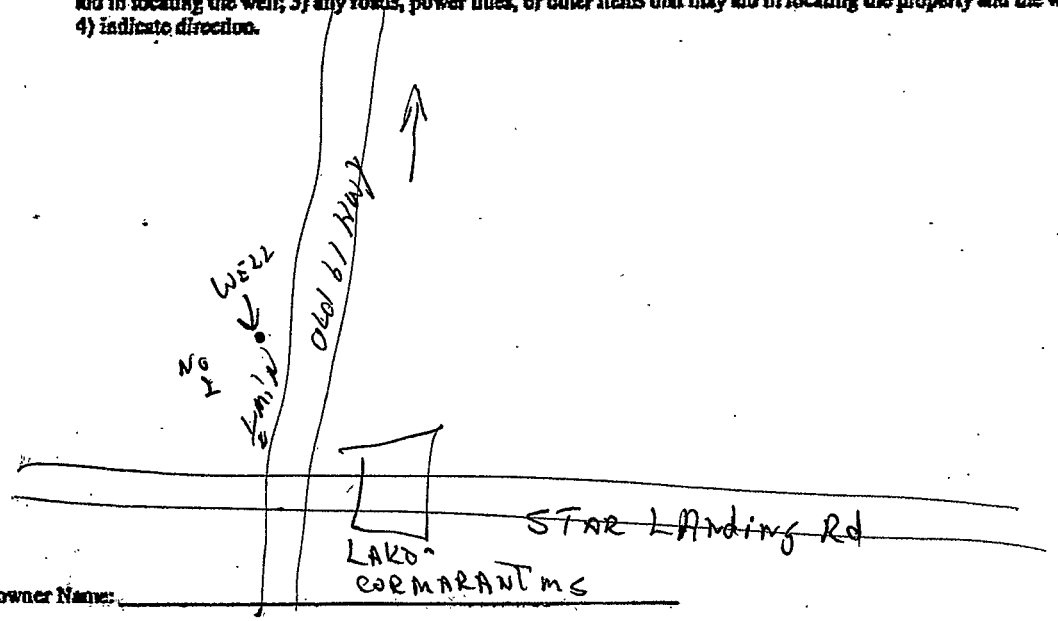
Ground Level

Description of Formations Encountered	From	To
LOAMY SOIL	0	45
CLAY	45	60
SAND + COURSE SAND + GRAVEL	60	100

E-89

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: _____

Signature of Water Well Contractor

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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: Desoto
Permit #:
Driller:
Date completed:

For Office Use Only:
Aquifer:
Well #: E-89
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

Owner Name:
Mailing Address: Same as well
Part 1
City State Zip Code
Telephone No. ( )

Well Location

Latitude: Longitude:
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
¼ ¼ Sec. Twn. Rng.
Distance Direction Nearest Town
Miles of

Pump Type
Circle one

Air Lift | Jet | Submersible
Bucket | Piston | Turbine
Centrifugal | Rotary | Flowing Well
Other (specify):
Date Pump Installed: 10-24-05
Rated Pump Capacity: 3000 Gallons Per Minute

Power Type
Circle one

Diesel Engine | Gasoline Engine | Natural Gas
Electric Motor | Hand | Tractor PTO
Windmill | Other (specify):
Horse Power Rating of Motor: 60
Setting Depth: 60 feet
Number of Stages: 2

Pump Test Data

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

Method of Measuring Water Level
Circle one

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

RECEIVED
NOV 10 2005
BY: OLWR