

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-97
L. S. Elevation: _____
E-log #: _____

County: Desoto
Permit #: QW 41638
Driller: Delta Drilling of Lewis
Date drilling completed: 3-19-07

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>Tract of Land</u>	Latitude: <u>34° 56' 47"</u> Longitude: <u>90° 12' 22"</u>
Mailing Address: <u>P.O. Box 180</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Lake Comard MS 3864</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE</u> <u>1/4</u> <u>SE</u> <u>1/4</u> Sec <u>13</u> Twn <u>2 S</u> Rng <u>10 W</u>
Telephone No. ()	Distance <u>1/4</u> Miles Direction <u>EAST</u> of Nearest Town <u>Lake Comard</u>

Well Data

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

Date well drilling started: 3-17-07 Date well drilling completed: 3-17-07

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

Static Water Level: 18 feet above or below (circle one) land surface Date measured: 3-19-07

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

Hole depth: 110 Well depth: 110 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: 0038 inches Setting depth: From 70 feet to 110 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

Print Name of Water Well Contractor and License No.

Alan Pyle **RECEIVED**
Signature of Water Well Contractor
MAR 28 2007

BY: OLWR

if well telescopes please sketch below and show depths.

26-3

Ground Level

6641638

Description of Formations Encountered

From	To
------	----

Loam Soil	0	62
Soil + Course Sgl	62	70
Course Sgl + Gravel	70	110

Soil + Cowpe Squ

Corn & Grain	70	110
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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.

1980

Late
Cormorant

Lake
Coamaral

Church

Loke Rd

A handwritten diagram showing a line with two points labeled 'US' and 'P'.

2

Landowner Name:

Tract of Land Planted

Signature of Water Well Contractor

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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 #: E-97

Elevation: _____

County: DeWitt
Permit #: 6W41638
Driller: Delta Drilling
Date completed: 3-9-07

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

Owner Name: Tract of Land Plantation
Mailing Address: P.O. Box 130
Lake Cormorant MS 38641
City State Zip Code
Telephone No. () _____

Well Location

Latitude: 34 54.474 Longitude: 090-12 122
28 07
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
NW 1/4 SE 1/4 Sec 13 Twn 2S Rng 10 W
Distance Direction Nearest Town
1/4 Miles E of Lake Cormorant

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____
Date Pump Installed: 3-9-07
Rated Pump Capacity: 2500 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: 100 HP
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 DYKE
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

RECEIVED

MAR 28 2007

BY: OLWR