

05/08/2007 10:46 6626869078

YMD JOINT MGMT DIST

PAGE 02

NOU-4-2005 05:05 FROM DELTA DRILLING

662-357-0024

TO: 16626869078

P. 1

### 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)

County: Delta  
 Permit #: GW-90425  
 Driller: Delta Drilling of Louisiana  
 Date drilling completed: 10-17-05

For Office Use Only  
 Aquifer: \_\_\_\_\_  
 Well #: E-100  
 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 this well.

| Well Owner Information  | Well Location  |
|---|--|
| Owner Name: <u>Delta Investments</u>  | Latitude: <u>34 54 9.25</u> Longitude: <u>90 13 24.1</u>   |
| Mailing Address: <u>CAPS</u><br><u>6750 Poplar Avenue</u><br><u>Memphis Tenn 38138</u><br>City State Zip Code | Method of Lat/Long (circle one): Conventional Survey<br>USGS quad: <u>56</u> Hand-held GPS, Survey-grade GPS   |
| Telephone No. <u>(901) 758-3351</u>   | NE 1/4 NE 1/4 Sec. <u>14</u> Twp. <u>2S</u> Rng. <u>10W</u><br>Distance Direction of Nearest Town<br><u>16</u> Miles <u>N</u> of <u>LAKE CO. E.M. 1175</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: \_\_\_\_\_

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

Static Water Level: 22 feet above or below (circle one) land surface Date measured: NOV 24 2005

Method of Measurement (circle one) rod tap electric tape air line other: YMD JOINT WATER MANAGEMENT DISTRICT

Hole depth: 120 Well depth: 120 Well grouted to a depth of 16 feet

Type of grout (circle one) Cement Monotop 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: 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 PYLE 0674 \_\_\_\_\_  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

40424



05/08/2007 10:46 6626869078

YMD JOINT MGMT DIST

PAGE 03

10044-2005 05:06 FROM: DELTA DRILLING

662-357-0024

TO: 16626859078

P. 3

### STATE WELL REPORT

#### Part 3

Pump Installer's Certification Report  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10671  
 Jackson, MS 39202-0671  
 (601)981-7210  
 (601)934-6934 (fax)

County: Delta  
 Permit #: GW-404245  
 Driller: \_\_\_\_\_  
 Date completed: \_\_\_\_\_

For Office Use Only:  
 Applicant: \_\_\_\_\_  
 Well #: E-100  
 Elevations: \_\_\_\_\_

This report should be prepared by the pump installer in pencil and filed with the Department within 30 days of the installation of pump.

| Well Owner Information                               | Well Location  |
|--|--|
| Owner Name: _____                                    | Latitude: <u>SAME AS WELL</u><br>Longitude: _____  |
| Mailing Address: <u>SAME AS WELL</u><br><u>Delta</u> | Method of Loc/Lev (circle one): <u>Conventional Survey</u><br>USGS quad, Hand-held GPS, Survey-grade GPS |
| City _____ State _____ Zip Code _____                | 4' _____ 4' Inc. _____ Turn _____ Req. _____   |
| Telephone No. (____) _____                           | Obvious _____ Direction _____ Nearest Town _____<br>_____ miles _____ of _____                           |

| Pump Type<br>Circle one  | Pump Type<br>Circle one   |
|--|---|
| Air Lift: <input type="checkbox"/> Jet <input type="checkbox"/> Submersible            | Direct Engine: <input type="checkbox"/> Case like Engine: <input type="checkbox"/> Horizontal Gas |
| Diaphragm: <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine | <u>Electric Motor</u> : <input type="checkbox"/> Hand <input type="checkbox"/> Traction PTO       |
| Centrifugal: <input type="checkbox"/> Rotary <input type="checkbox"/> Floating Well    | Windmill: <input type="checkbox"/> Other (specify): _____   |
| Other (specify): _____   | Motor Power Rating of Motor: <u>60</u>  |
| Date Pump Installed: <u>10-24-05</u>   | casing Depth: <u>160</u> feet   |
| Rated Pump Capacity: <u>3</u> GPM _____ Gallons Per Minute                             | Number of Stages: <u>2</u>  |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one  |
|--|--|
| Date Well Tested: _____                                | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Stand Tape <input type="checkbox"/> |
| Static Water Level (A): _____ Feet Below Land Surface  | Other (specify): _____   |
| Pumping Water Level (B): _____ Feet Below Land Surface | For casing well, measured about to depth: _____ feet   |
| Drawdown (C) - (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 PYLE \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer