

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: DESOYO
 Permit #: _____
 Driller: BOB SMITH
 Date drilling completed: 5-15-08

For Office Use Only:
 Aquifer: _____
 Well #: M-262
 L. S. Elevator: _____
 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 | Well Location |
|--|---|
| Owner Name: <u>MIKE TOTTIE</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>COUNTY LINE RD</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>HERNANDO, MS 38632</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>1/4 Sec P.36 Twp T35 R6W</u> |
| Telephone No. <u>901 674-3473</u> | Distance Direction Nearest Town |
| | <u>2 Miles S/E of COCKLUM</u> |

Well Data

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

Date well drilling started: 5-15-08 Date well drilling completed: 5-15-08

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

Static Water Level: 70 feet above or below (circle one) land surface Date measured: 5-15-08

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

Hole depth: 142 Well depth: 142 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 122 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 10 THOUS inches Setting depth: From 122 feet to 142 feet

Type of completion (circle all applicable): Gravel packed Unannounced Telescoped Open hole Natural Development
 Other (describe): WASHED SAND

Top of log pipe or section in casing: _____ feet. If telescoped or more than one screen, describe each of page

Logs run (circle all applicable): No log run Electric Gamma Ray Dummy Seal Neutron Other: _____

Name of organization owning 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.

BOB SMITH 0645 [Signature]
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED
 MAY 27 2008
 BY: OLWR

M-262

If well telescopes please sketch below and show depths.

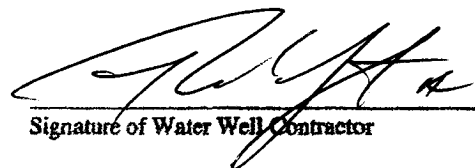
Ground Level

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| TOP SOIL | 0 | 5 |
| BROWN CLAY | 5 | 12 |
| RED CLAY + GRAVEL | 12 | 28 |
| WHITE CLAY | 28 | 76 |
| WHITE SAND + CLAY | 76 | 108 |
| WHITE SAND | 108 | 142 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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: MIKE TUTTLE S



 Signature of Water Well Contractor

RECEIVED
 MAY 27 2008
 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)

For Office Use Only:

Aquifer: _____

Well #: M-262

Elevation: _____

County: DE SOTO
 Permit #: _____
 Driller: BOB SMITH
 Date completed: 5-15-08

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>MIKE TOTTIE</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>COUNTY LINE RD</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>HERNANDO, MS. 38632</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>1/4 1/4 Sec 36 Twn T35 Rng R6W</u> |
| Telephone No. <u>901 674-3473</u> | Distance Direction Nearest Town |
| | <u>2 Miles S/E of COCKLEM</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift Jet <input checked="" type="radio"/> Submersible | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <input checked="" type="radio"/> Electric Motor Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>3/4</u> |
| Date Pump Installed: <u>5-15-08</u> | Setting Depth: <u>100</u> feet |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute | Number of Stages: <u>11</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: <u>5-15-08</u> | Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>70</u> Feet Below Land Surface | Other (specify): <u>STING + WEIGHT</u> |
| Pumping Water Level (B): <u>NA</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>NA</u> Feet Below Land Surface | Well yielded <u>14</u> GPM with a drawdown of |
| Test Pumping Rate: <u>14</u> Gallons Per Minute | <u>10</u> feet after _____ hours of pumping |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

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

BOB SMITH 0-645 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 MAY 27 2008
 BY: OLWR