County: Grenada
Permit #: GW 42273
Driller: Cook Drilling
Date drilling completed: 1-16-08

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-34
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: Little + Little
Mailing Address: 12268 Hwy West
~~Holcomb MS~~
Holcomb MS 38945
City State Zip Code
Telephone No. 662 226-3108

Well Location

Latitude: 33 • 47 • 431" 26 Longitude: 90 • 03 • 455" 27
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
___ ¼ ___ ¼ Sec. 11 Twn 22N Rng 2E
Distance 5 Miles Direction W of Nearest Town Holcomb

Well Data

Purpose of Well (circle one) Home Industrial Public Supply (Irrigation) Fish Culture Other:
Date well drilling started: 1-16-08 Date well drilling completed: 1-16-08
If flowing, method of flow regulation: Valve ___ Other (describe) ___
Static Water Level: 15 feet above or (below) (circle one) land surface Date measured: 1-18-08
Method of Measurement (circle one) (steel tape) electric tape air line other:
Hole depth: 62' Well depth: 62' Well grouted to a depth of 10' feet
Type of grout (circle one): (Cement) Bentonite Mix
Casing length: 42' feet Casing diameter: 12" inches Type of casing: PVC
Screen length: 20' feet Screen diameter: 12" inches Type of screen: PVC
Screen slot size: 150 inches Setting depth: From 42 feet to 62 feet
Type of completion (circle all applicable): (Gravel packed) Undereamed 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.

Sidney Cook Drilling Co. Inc.
Print Name of Water Well Contractor and License No. 289

Signature of Water Well Contractor

E-34

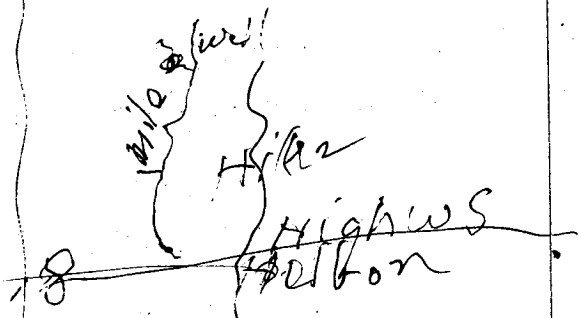
6W42273

Ground level

Description of Formations Encountered	From	To
Sandy Clay	Top	40'
sand & gravel	40'	62'

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 assist in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; indicate direction.



Landowner Name Little & Little

Sidney Cook

Signature of Water Well Contractor

WATER 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: Grenada
Permit #: GW 42273
Driller:
Date completed: 1-18-08

For Office Use Only:
Aquifer:
Well #: E-34
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: Little, Little
Mailing Address: 12268 Highway West
Holcomb
Holcomb Miss. 38940
City State Zip Code
Telephone No. 662 326-3108

Well Location

Latitude: 33 47.431 Longitude: 90 03 455
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 ____
5 Miles NW of Holcomb

Pump Type
Circle one

Air Lift	Jet	Submersible
Bucket	Piston	Turbine
Centrifugal	Rotary	Flowing Well

Other (specify):
Date Pump Installed: 1-18-08
Rated Pump Capacity: 450 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: 20
Setting Depth: 50 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.

Sidney Cook Drilling Co. Inc.
Print Name of Pump Installer and License No. (if applicable) 289

Sidney Cook
Signature of Pump Installer