

06041123
 Permit #: 44W-KW-0000
 Driller: Pete Well Drilling
 Date drilling completed: 5-15-06

State Well Report

Part I

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 #: J-164
 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	Well Location
Owner Name: <u>Tony Tavoletti</u>	Latitude: <u>34° 15' 28.5"</u> Longitude: <u>90° 28' 34.0"</u>
Mailing Address: <u>1101 W. Second</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Clarksdale MS 38614</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 35 Twn 20N Rng 4W</u>
Telephone No. () _____	Distance Direction Nearest Town
	_____ Miles _____ of _____

Well Data

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

Date well drilling started: 5-15-06 Date well drilling completed: 5-15-06

If flowing, method of flow regulation: Valve _____ Other (describe) No flow

Static Water Level: 20.6 feet above or below (circle one) land surface Date measured: 5-15-06

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

Hole depth: 96 ft. Well depth: 96 ft. Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 56 feet Casing diameter: 16 inches Type of casing: Pvc

Screen length: 40 ft. Screen diameter: 16 inches Type of screen: Pvc

Screen slot size: 0.50 inches Setting depth: From 56 feet to 96 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: JUN 22 2006

Name of organization running log(s): No Log

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 JUN 22 2006
 YMD JOINT WATER
 MANAGEMENT DISTRICT

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.

Pete Well Drilling & Pump Repair
 Print Name of Water Well Contractor and License No. OH-30 Signature of Water Well Contractor

41123

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County: Coahoma
 Permit #: _____
 Driller: Pete Sappington
 Date completed: _____

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 #: J164
 Elevation: _____

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information	Well Location
Owner Name: <u>Tony Taveletti</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>1101 W. Second</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Clarksdale</u> MS <u>38614</u>	<u>NE</u> ¼ <u>SW</u> ¼ Sec <u>35</u> Twn <u>28N</u> Rng <u>3W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>5</u> Miles <u>NE</u> of <u>Clarksdale</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>80</u>
Date Pump Installed: <u>6/20/06</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2200</u> Gallons Per Minute	Number of Stages: <u>Two</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>22</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: _____ Gallons Per Minute	_____ 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.

DAVID P. HOLT 0-752P
 Print Name of Pump Installer and License No. (if applicable)

[Signature]
 Signature of Pump Installer

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 JUL 18 2006

BY: OLWR

Well drilled by Pete Sappington - No Drillers Log

JOB # 238