

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 #: A-537-78
L. S. Elevation: M55
E-log #: _____

County: Madison
Permit #: _____
Driller: F.M. Bud CRESSWELL
Date drilling completed: 5-26-05

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>LINDSEY MANAGEMENT Co.</u>	Latitude: <u>32°33'45"</u> Longitude: <u>90°03'00"</u>
Mailing Address: <u>P.O. Box 8250</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey,
<u>1183 Joyce St. STE 100</u>	<input checked="" type="checkbox"/> USGS quad Hand-held GPS, Survey-grade GPS
<u>Fayetteville, AR 72703</u>	<u>NE 1/4 SW 1/4 Sec 30</u> Twn <u>9 N</u> Rng <u>3 E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(479) 521-6603</u>	<u>1</u> Miles <u>South</u> of <u>Canon</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 5-21-05 Date well drilling completed: 5-26-05
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 68 feet above or below land surface Date measured: 5-26-05
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 540 Well depth: 480 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 380 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 100 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: 013 inches Setting depth: From 380 feet to 480 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: X 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.

F.M. Bud CRESSWELL 0-150
Print Name of Water Well Contractor and License No.

F.M. Bud Cresswell
Signature of Water Well Contractor

F-78 MSS
~~A-53~~

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
surface dep	0	3.5
14300 clay	3.5	4.5
intermittent Brankle	4.5	6.5
rdy shale	6.5	36.0
sand	36.0	48.0
shale	48.0	54.0

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.

RECEIVED
JUN 17 2005
BY: OLWR

Landowner Name: LINDSEY MANAGEMENT Co.

Ernest M. Cunnell 0-150
Signature of Water Well Contractor

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: MSS
 Well #: N-53 J 78
 Elevation: _____

County: Madison
 Permit #: _____
 Driller: E.M. Bud CRESSWELL
 Date completed: 5-26-05

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>LINDSEY Management Co.</u> Mailing Address: <u>P.O. Box 8250</u> <u>1183 Joyce ST. STE 100</u> <u>Fayetteville AR 72703</u> <small>City State Zip Code</small> Telephone No. <u>(479) 521-6603</u>	Latitude: <u>32-33-45</u> Longitude: <u>90-03-00</u> Method of Lat/Long (circle one): Conventional Survey, <u>USGS quad</u> Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>30</u> Twn <u>9-N</u> Rng <u>3-E</u> Distance Direction Nearest Town <u>1</u> Miles <u>South of Canton</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>5-26-05</u> Rated Pump Capacity: <u>75</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>147</u> feet Number of Stages: <u>8</u>

RECEIVED
 JUN 17 2005
 SYDOLWR

Pump Test Data	Method of Measuring Water Level Circle one
 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 	Air Line Electric Measuring Line <u>Steel Tape</u> 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.
E.M. "Bud" CRESSWELL - 0-150 E.M. Cresswell
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer