

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)961-3210
(601)354-6938 (fax)

County: Quitman
Permit #: MS-60-43247
Driller: Delta Drilling of Tunisia
Date drilling completed: 6-10-09

For Office Use Only:

Aquifer: RECEIVED
Well #: 102
L. S. Elevation: JUN 19 2009
E-log #:

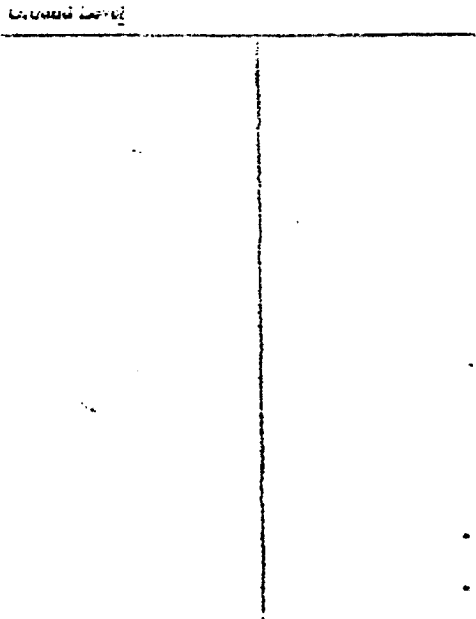
State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well. YMD JOINT WATER MANAGEMENT DISTRICT

| Well Owner Information | Well Location |
|---|--|
| Owner Name: <u>Al Aldison</u> | Latitude: <u>N34° 20' 31" E</u> Longitude: <u>W90° 25' 58" W</u> |
| Mailing Address: <u>P.O. Box 99</u> | <u>34 29 10</u> <u>90 16 45</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Sledge</u> <u>Ms.</u> <u>38670</u> City State Zip Code | USGS quad: <u>(Hand-held GPS)</u> Survey-grade GPS |
| Telephone No. <u>(662) 604-0640</u> | <u>N4 1/4 SE 1/4 Sec 8</u> <u>Twn 7S</u> <u>Rng 10 W</u> |
| | Distance <u>SW</u> <u>4</u> Miles <u>West</u> of <u>Crashaw, Ms.</u> |
| Well Data | |
| Purpose of Well (circle one) <u>Home</u> Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____ | |
| Date well drilling started: <u>6-10-09</u> Date well drilling completed: <u>6-10-09</u> | |
| If flowing, method of flow regulation: Valve _____ Other (describe) _____ | |
| Static Water Level: <u>18</u> feet above <u>or below</u> (circle one) land surface Date measured: <u>6-11-09</u> | |
| Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____ | |
| Hole depth: <u>91</u> Well depth: <u>91</u> Well grouted to a depth of <u>10</u> feet | |
| Type of grout (circle one): <u>Cement</u> <u>Bentonite</u> Mix | |
| Casing length: <u>60.51</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u> | |
| Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u> | |
| Screen slot size: <u>1032</u> inches Setting depth: From <u>51</u> feet to <u>91</u> feet | |
| Type of completion (circle all applicable): <u>Gravel packed</u> 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: _____ | |
| 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. | |
| <u>Delta Drilling of Tunisia Inc. #0674</u> Print Name of Water Well Contractor and License No. | <u>Alan Pyle</u> Signature of Water Well Contractor |

Ref #
43247

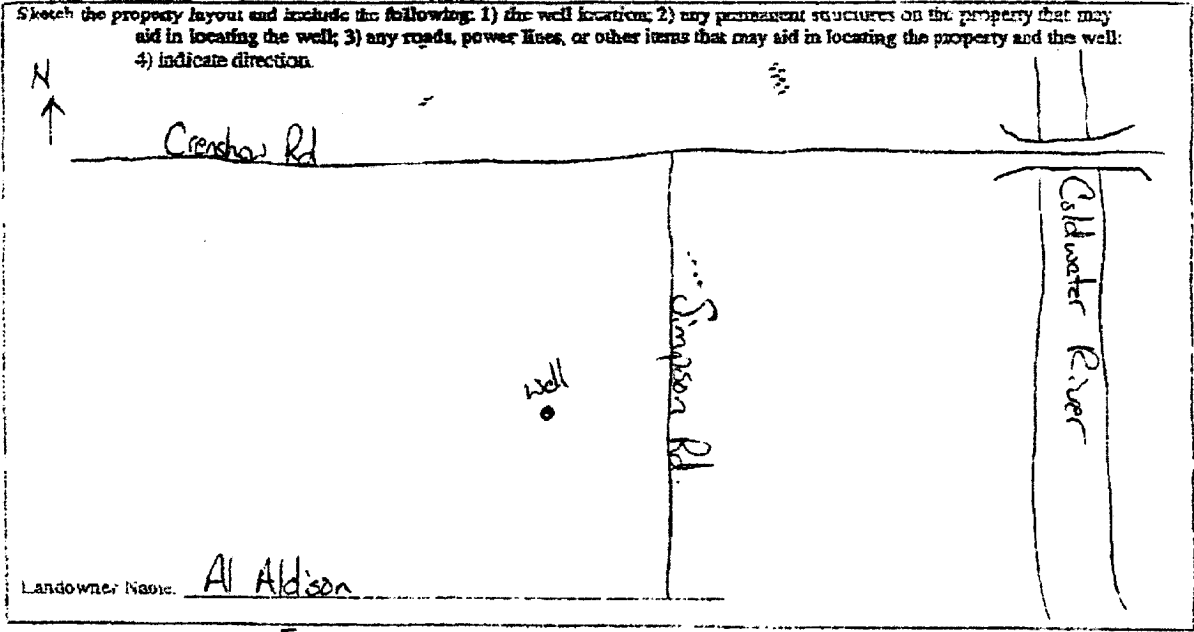
A102
GW43247

If well telescopes please sketch below and show down:



| Description of Formation Encountered | From | To |
|--------------------------------------|------|----|
| Clay | 0 | 5 |
| Clay & fine sand | 6 | 18 |
| fine sand | 19 | 22 |
| Coarse sand & gravel | 23 | 91 |
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If more than one screen, show location of each on sketch



Alan Pyle
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 1083
 Jackson, MS 39288-0837
 (601)961-8210
 (601)934-6998 (fax)

County: Quitman
 Permit #: GW43247
 Driller: Delta Drilling & Service Inc.
 Date completed: 6-14-09

For Owner Use Only

Agitor: _____
 Well #: A102
 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 | Well Location |
|---|--|
| Owner Name: <u>Al Addison</u> | Latitude: <u>N 30° 20' 34"</u> Longitude: <u>W 90° 25' 53"</u> |
| Mailing Address: <u>P.O. Box 79</u> | <u>34-29-10</u> <u>90-16-45</u> |
| | Method of Locating (circle one): <u>Conventional Survey</u> |
| | USGS quad: <u>Hand-held GPS - Survey-grade GPS</u> |
| City: <u>Stamps</u> State: <u>MS</u> Zip Code: <u>38670</u> | N 1/4 <u>SE</u> W Sec <u>8</u> Twp <u>7S</u> Rng <u>H4S</u> |
| Telephone No. <u>(662) 604-0690</u> | Direction: <u>SW</u> Direction: _____ Nearest Town: <u>10W</u> |
| | <u>4</u> miles <u>West</u> of <u>Crenshaw MS</u> |

| Pump Type Circle one | Power Type Circle one |
|--|--|
| Air Lift <input type="checkbox"/> | <u>Hand Pump</u> <input checked="" type="checkbox"/> |
| Submersible <input type="checkbox"/> | Gasoline Engine <input type="checkbox"/> |
| Electric <input type="checkbox"/> | Electric Motor <input type="checkbox"/> |
| Diaphragm <input type="checkbox"/> | Hand <input type="checkbox"/> |
| Other (specify): _____ | Tractor PTO <input type="checkbox"/> |
| Case Pump Installed: <u>6-10-09</u> | Windmill <input type="checkbox"/> |
| Round Pump Capacity: <u>2400-2700</u> Gallons Per Minute | Other (specify): _____ |
| | Motor Power Rating of Motor: <u>100</u> |
| | Starting Depth: <u>50</u> feet |
| | Number of Stages: <u>1</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: _____ | Air Line <input type="checkbox"/> |
| Static Water Level (A): _____ Feet Below Land Surface | Electric Measuring Line <input type="checkbox"/> |
| Pumping Water Level (B): _____ Feet Below Land Surface | <u>Steel Tape</u> <input checked="" type="checkbox"/> |
| Drawdown (B) - (A): _____ Feet Below Land Surface | Other (specify): _____ |
| Test Pumping Rate: _____ Gallons Per Minute | For flowing well, measured draw in head: _____ feet |
| Duration of Pump Test (minimum 4 hours): _____ hours | 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.

Delta Drilling # 0674 _____
 Print Name of Pump Installer and License No. (if available) Signature of Pump Installer