

Job # 8166

County: Quitman
 Permit #: 60042520
 Driller: Pete's Well Drilling
 Date drilling completed: 5-3-08

Well Driller Report and Well Log
 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: B-39
 Well #: B-39
 L. S. Elevation: _____
 B-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>M. R. Mills</u> | Latitude: <u>34° 20' 74" N</u> Longitude: <u>090° 21' 107" W</u> |
| Mailing Address: <u>730 Elm St.</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Marko, MS 38646</u> | USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | <u>N 1/4 Sec 36 Twn 29 N Rng 2 W</u> |
| Telephone No. <u>(662) 444-0241</u> | Distance: <u>8</u> Miles Direction: <u>SW</u> of Nearest Town: <u>Darling</u> |

Well Data

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

Date well drilling started: 5-3-08 Date well drilling completed: 5-3-08

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

Static Water Level: 10 feet above of below (circle one) land surface Date measured: 5-3-08

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

Hole depth: 100 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Benarite Mix

Casing length: 60 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 032 inches Setting depth: From 60 feet to 100 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: _____

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.

Pete's Well Drilling 0430 Pete's Well Drilling
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

MAY 29 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)

County: Quitman
 Permit #: 60W42520
 Driller: PETE'S WELL DRILLING
 Date completed: 5-3-08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: B-34
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

| Well Owner Information | Well Location |
|--|--|
| Owner Name: <u>M.R. MILLS</u> | Latitude: <u>34° 20' 740"</u> Longitude: <u>090° 21' 107"</u> |
| Mailing Address: <u>730 ELM STREET</u> | Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> |
| XXXXXXXXXX | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| <u>MARKS MS 38646</u> | <u>NE 1/4 NE 1/4 Sec 36 T29N R 2W</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(662) 444-0241</u> | <u>8 Miles SW of DARLING</u> |

| Pump Type Circle one | Power Type Circle one |
|---|--|
| Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> | <input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> |
| Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine | Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> |
| Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> | Windmill <input type="checkbox"/> Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>60</u> |
| Date Pump Installed: <u>5-23-08</u> | Setting Depth: <u>70</u> feet |
| Rated Pump Capacity: <u>3000</u> Gallons Per Minute | Number of Stages: <u>2</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: _____ | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <input checked="" type="checkbox"/> Steel Tape |
| Static Water Level (A): <u>10</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 _____ feet after _____ hours of pumping |
| Test Pumping Rate: _____ Gallons Per Minute | |
| 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 of Pump Installer

RECEIVED
 Form: OLWR-SWR-1B
 MAY 29 2008
 Rec BY: OLWR 8/16/08
 5/29/08 TB