

Quitman

County: Cochran
 Permit #: GW 42773
 Driller: Pete's Well Drilling
 Date drilling completed: 7-21-08

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: _____
 Well #: E-99
 L. S. Elevation: D36
 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>Horton Farms</u>	Latitude: <u>34° 15' 48.6"</u> Longitude: <u>90° 25' 52.0"</u>
Mailing Address: <u>P.O. Box 15B</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Lyon</u> <u>MS</u> <u>38645</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE</u> ¼ <u>NW</u> ¼ Sec <u>32</u> Twn <u>28N</u> Rng <u>2W</u>
Telephone No. <u>(662) 624 6112</u>	Distance <u>10</u> Miles Direction <u>NE</u> of Nearest Town <u>Clarksdale</u>

Well Data

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

Date well drilling started: 7-21-08 Date well drilling completed: 7-21-08

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

Static Water Level: 23 feet above or below (circle one) land surface Date measured: 7-21-08

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 Bentonite 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 Sapperton
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

AUG 08 2008
 BY: OLWR
 off Hwy 6
 Russell

Ground Level

Description of Formations Encountered

From To

Description of Formations Encountered	From	To
CLAY	0	16
COURSE SAND & GRAVEL	16	100

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.

Clarkville, MS

Landowner Name: Betty Newton Clark

[Signature]
 Signature of Water Well Contractor

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 BY: OLWB

Job 8335

Quitman

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:	D 36
Well #:	E-99
Elevation:	

County: Quitman
 Permit #: _____
 Driller: Peter's well drilling
 Date completed: 7-21-08
Copy information from block on Part 1

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.

<p>Well Owner Information</p> <p>Owner Name: <u>Heaton Farms</u> Mailing Address: <u>P.O. Box 15 B</u> <u>Lyon MS 39645</u> <small>City State Zip Code</small> Telephone No. <u>(601) 624-6112</u></p>	<p>Well Location</p> <p>Latitude: <u>34°15'48" N</u> Longitude: <u>90°25'52" W</u> <small>29 31</small> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ <input checked="" type="checkbox"/> Hand-held GPS <input type="checkbox"/> Survey-grade GPS _____ <u>NE 1/4 NW 1/4 Sec 32 T28N R2W</u> Distance Direction Nearest Town <u>10 Miles NE of Clarksdale</u></p>
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<p>Pump Type Circle one</p> <p>Air Lift Jet Submersible Bucket Piston <input checked="" type="radio"/> Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: 7-21-08 <u>7-22-08</u> Rated Pump Capacity: <u>2200</u> Gallons Per Minute</p>	<p>Power Type Circle one</p> <p><input checked="" type="radio"/> Diesel Engine Gasoline Engine Natural Gas <input type="radio"/> Electric Motor Hand Tractor PTO <input type="radio"/> Windmill Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>70</u> feet Number of Stages: <u>2</u></p>
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<p>Pump Test Data</p> <p>Date Well Tested: _____ Static Water Level (A): <u>23</u> 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</p>	<p>Method of Measuring Water Level Circle one</p> <p>Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

David P. Holt 0-752P [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

RECEIVED
AUG 18 2008
BY: OLWR