County: QUITMAN

Permit #: GW 4C 505

Driller: HOUSTON

Date drilling completed: _____

State Well Report

Part 1 – Driller's 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 #: K-84

L. S. Elevation: _____

E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner
(Landowner if borehole is not for a water well)

Owner Name MICHEL WATTS

Mailing Address: 56 JOHN ST

CLARKSDALE MS 38614
City State Zip Code

Telephone No. (662) 624 6017

Well or Borehole Location

Latitude: 34 ° 09 ' 58 " Longitude: 90 ° 20 ' 58 "

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

NE ¼ NE ¼ Sec 1 Twn 26N Rng 2W

Distance _____ Miles Direction _____ of Nearest Town _____

Well / Borehole Data

Date drilling started: 6/20 Date drilling completed: 6/20 Hole depth: 110 Hole diameter: 18

Location of the source of any surface water used for drilling: WELL

Method of dosing and volume of Chlorine used in drilling and development: 1LB PER 1000

Logs run (circle all applicable): (No log run) Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (check one): Water Well ✓ Geotechnical/Geological Investigation ___ Ground Source Heat Pump ___

Seismic Survey ___ Other (*describe*) _____

If drilling is not related to water well construction, skip the remainder of this block

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

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

Static Water Level: 19 feet above or below (circle one) land surface Date measured: 6/21

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

Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement (Bentonite) Mix

Casing length: 70 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .030 inches Setting depth: From 70 feet to 110 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 next page*

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BY: OLWR

K84

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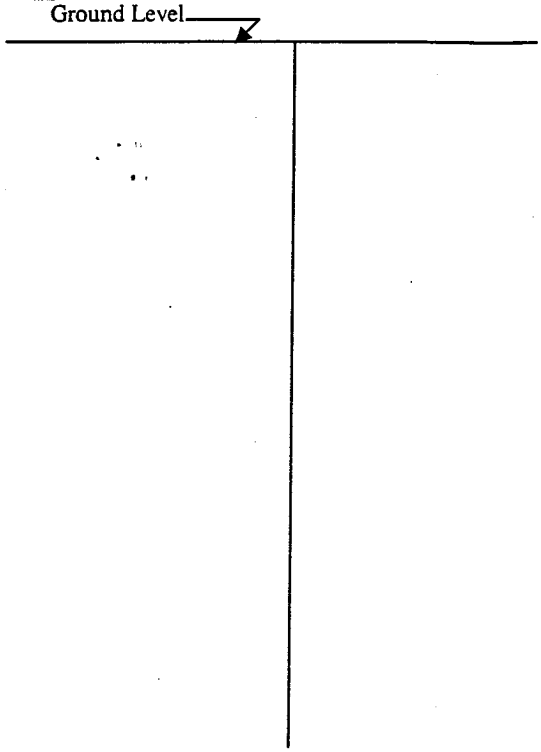
The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

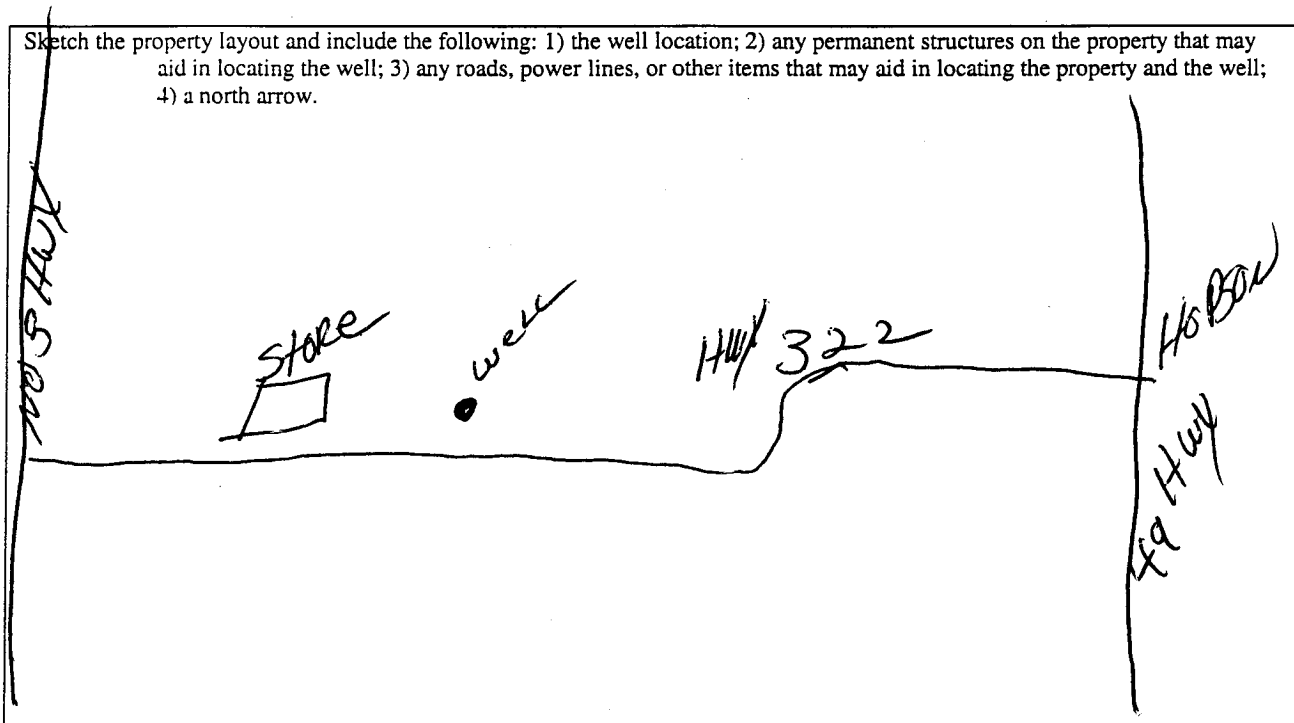


If more than one screen, show location of each on sketch

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground Level	To (depth)
CLAY	0	13
MED SAND	13	33
COARSE SAND & GRAVEL	33	110

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) a north arrow.



Landowner Name: _____

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

PAUL Powell 0485 — 7/11/05 — Paul Powell

Print Name of Responsible Licensee and License No. — **Date** — **Signature of Licensee**

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 #: 40505
Driller: HOUSTON DRILLING
Date completed: 6/22
Copy information from block on Part 1

For Office Use Only:
Aquifer:
Well #: K-84
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

Owner Name: MICHEL WATTS
Mailing Address: CLARKSDALE MS 38614
City State Zip Code
Telephone No. (____)

Well Location

Latitude: 34°09'63" Longitude: 090. 21.01 W
Method of Lat/Long (check one): Conventional Survey____, USGS quad____, Hand-held GPS✓, Survey-grade GPS____
____ ¼ ____ ¼ Sec____ T____ R____
Distance Direction Nearest Town
____Miles ____ of ____

Pump Type
Circle one

Air Lift | Jet | (Submersible)
Bucket | Piston | Turbine
Centrifugal | Rotary | Flowing Well
Other (specify): ____
Date Pump Installed: 6/22
Rated Pump Capacity: 1200 Gallons Per Minute

Power Type
Circle one

Diesel Engine | Gasoline Engine | Natural Gas
(Electric Motor) | Hand | Tractor PTO
Windmill | Other (specify): ____
Horse Power Rating of Motor: ____
Setting Depth: 60 feet
Number of Stages: 1

Pump Test Data

Date Well Tested: ____
Static Water Level (A): 19 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

Method of Measuring Water Level
Circle one

Air Line | Electric Measuring Line | (Steel Tape)
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.

PAUL POWELL 0435 — Print Name of Pump Installer and License No. (if applicable)
Signature of Pump Installer — Date

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