

County: Tallahatchie
 Permit #: GW 44758
 Driller: Youngs Custom Ser.
 Date drilling completed: 6/8/11

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: MS River Alluvial
 Well #: C111
 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.

<p>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Garnett Hutto</u> Mailing Address: <u>85 Pinehurst St</u> <u>Memphis TN 38117</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>34° 1' 46"</u> Longitude: <u>90° 20' 47"</u> Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, USGS quad, Survey-grade GPS <u>SE 1/4 SE 1/4 Sec 13 Twn 25N Rng 02W</u> Distance Direction Nearest Town <u>3</u> Miles <u>S</u> of <u>Dance</u></p>
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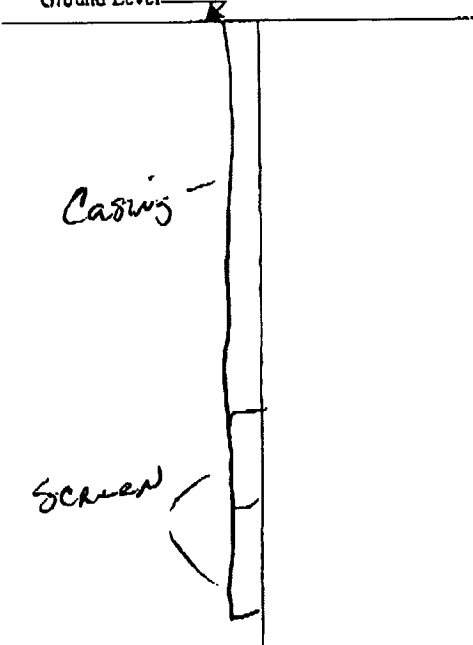
Well / Borehole Data

Date drilling started: 6/8/11 Date drilling completed: 6/8/11 Hole depth: 105 Hole diameter: 18"
 Location of the source of any surface water used for drilling: Local Ditch
 Method of dosing and volume of Chlorine used in drilling and development: _____
 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 N/A Other (describe) _____
 Static Water Level: 20 feet above or below (circle one) land surface Date measured: _____
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 105 Well grouted to a depth of 105 feet Types of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 65 feet Casing diameter: 10 inches Type of casing: PVC
 Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC
 Screen slot size: 0.50 inches Setting depth: From 0 feet to 105 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: N/A feet *If telescoped or more than one screen, describe on next page*

C111

The sketch below only required for water wells

If well telescopes, show depths on sketch.
Ground Level

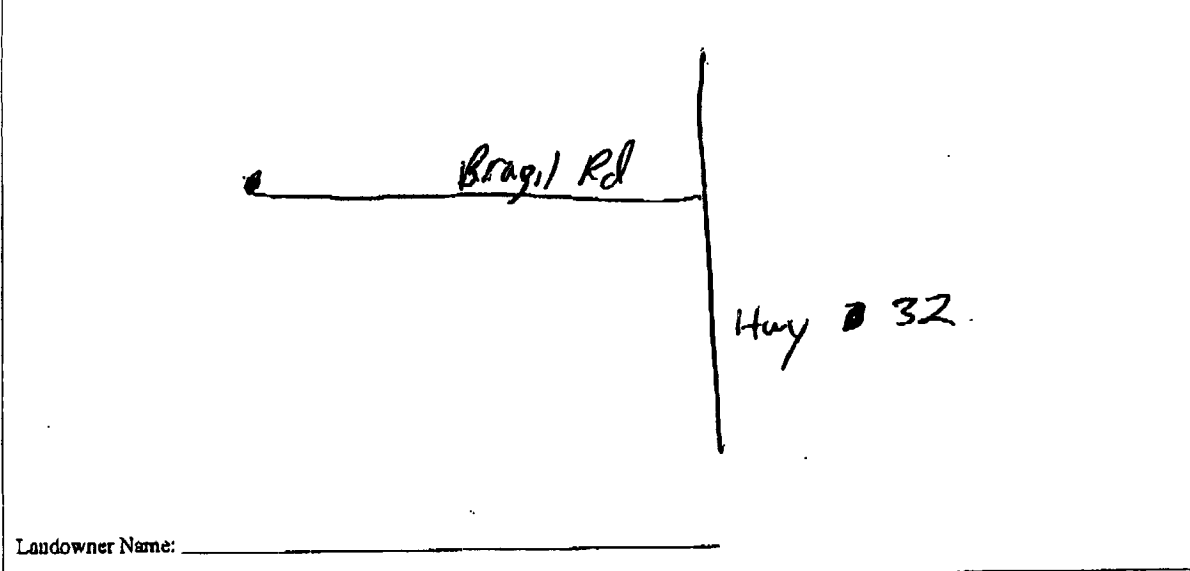


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	30
Coarse Sand	30	75
Coarse Sand Gravel	75	105

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) a north arrow.



Form: OLWR-SWR-1A

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.

Will Young 1995 UNR
Print Name of Responsible Licensee and License No.

5/8/11
Date

Will Young
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: Tallahatchie
Permit #: GM 44 758
Driller: Will Young
Date completed: 6/8/11
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
Well #: C111
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>Garrett Hutton</u>	Latitude: <u>34 1 46</u> Longitude: <u>90 20 47</u>
Mailing Address: <u>85 Pinehurst St</u>	Method of Lat/Long (check one): Conventional Survey _____ <u>Hand-held GPS</u>
<u>Memphis TN 38117</u>	USGS quad _____, Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 Sec 13 T 25 R 02W</u>
Telephone No. (____) _____	Distance Direction Nearest Town <u>3</u> Miles <u>5</u> of <u>VALE</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <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>15</u>
Date Pump Installed: <u>6-8-11</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>900</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-8-11</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>20</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>35</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>15</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>900</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Will Young Will Young
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer