

County: Tallahatchie
 Permit #: GW 41414
 Driller: Pete's Well Drilling
 Date drilling completed: 11-8-06

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-59
 L. S. Elevation: _____
 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>Jimmy Wallace</u> | Latitude: <u>34° 03' 47.2"</u> Longitude: <u>90° 12' 84.2"</u> |
| Mailing Address: <u>428 Wirley Rd</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Jackson TN 38301</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City: _____ State: _____ Zip Code: _____ | <u>NW 1/4 NE 1/4 Sec 8 Twn 25N Rng 1E</u> |
| Telephone No. (<u>660</u>) <u>713 668-2700</u> | Distance: <u>7 1/2</u> Miles Direction: <u>NW</u> of Nearest Town: <u>Charleston</u> |

Well Data

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

Date well drilling started: 11-8-06 Date well drilling completed: 11-8-06

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

Static Water Level: 12 feet above or below (circle one) land surface Date measured: 11-5-06

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: 14 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 14 inches Type of screen: PVC

Screen slot size: 0.50 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 Signature of Water Well Contractor Pete Sapp RECEIVED
 Print Name of Water Well Contractor and License No. 0430 DEC 17 2006

If well telescopes please sketch below and show depths.

BY: OLWR

E-59

Ground Level

6W 41414

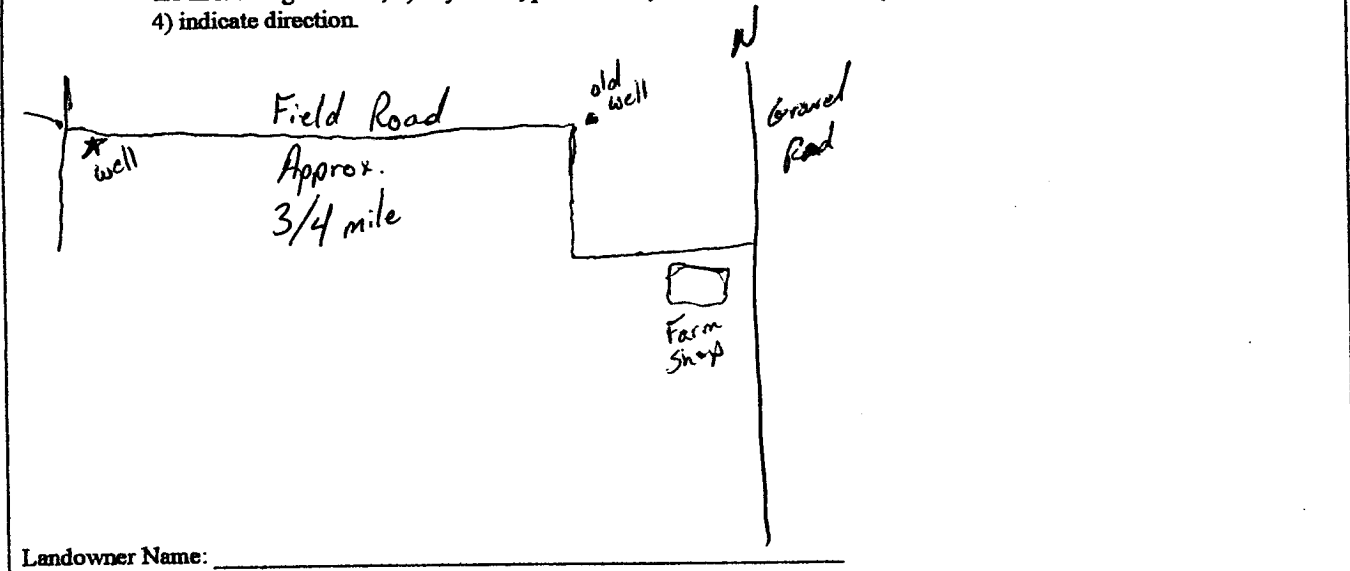
Description of Formations Encountered

From To

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| CLAY | 0 | 30 |
| FINE SAND | 30 | 40 |
| COURSE SAND | 40 | 100 |
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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.



Landowner Name: _____

[Handwritten Signature]
Signature of Water Well Contractor

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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: _____
Permit # OW 41414
Driller: _____
Date completed: _____

For Office Use Only:

Aquifer: _____
Well #: E-59
Elevation: _____

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

| Well Owner Information | Well Location |
|---------------------------------------|--|
| Owner Name: <u>Jimmy Wallace</u> | Latitude: <u>34° 03' 47.2" N</u> Longitude: <u>90° 12' 84.2" W</u> |
| Mailing Address: <u>428 Winley Rd</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Jackson TN 38301</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>1/4</u> <u>1/4</u> Sec <u>8</u> Twn <u>25N</u> Rng <u>1E</u> |
| Telephone No. <u>713 668 2700</u> | Distance Direction Nearest Town |
| | Miles _____ of _____ |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| <input checked="" type="checkbox"/> Air Lift <u>MOLTE</u> Jet <input checked="" type="checkbox"/> Bucket <u>TURBINE 14"</u> Piston <input type="checkbox"/> Centrifugal <u>OLD WELLS</u> Rotary <input type="checkbox"/> Other (specify): <u>from</u> Date Pump Installed: <u>11-6-06</u> Rated Pump Capacity: _____ Gallons Per Minute | <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____ Horse Power Rating of Motor: _____ Setting Depth: <u>50</u> feet Number of Stages: <u>1</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|--|
| Date Well Tested: _____ | <input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape |
| Static Water Level (A): _____ 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.

State Well Drilling Print Name of Pump Installer and License No. (if applicable)

Pete Sapp Signature of Pump Installer

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DEC 12 2006
BY: OLWR