

County: Tallahatchie
 Permit #: 6041301
 Driller: Pete's Well Drilling
 Date drilling completed: 9-14-06

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 #: L-103
 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>Mike Campbell</u>	Latitude: <u>33° 56' 56"</u> Longitude: <u>90° 06' 26.7"</u>
Mailing Address: <u>1314 1/2 Hwy 8 W</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Grenada MS 38901</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>33</u> <u>16</u>
Telephone No: <u>(662) 226-7878</u>	<u>1/4</u> <u>1/4</u> Sec <u>17</u> Twp <u>24</u> Rng <u>2E</u>
	Distance Direction Nearest Town
	<u>5</u> Miles <u>SSW</u> of <u>Charleston</u>

Well Data

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

Date well drilling started: 9-14-06 Date well drilling completed: 9-14-06

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

Static Water Level: 10 feet above or below (circle one) land surface Date measured: 9-14-06

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: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .050 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 + Pump Repair
 Print Name of Water Well Contractor and License No. #0430

Pete Slaughter
 Signature of Water Well Contractor

If well telescopes please attach below and show depths.

County: Tallahassee
 Permit #: 6-11-301
 Driller: Pete Wick Drilling
 Date completed: 9-15-06

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: _____
 Well #: L-103
 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>Mike Campbell</u>	Latitude: <u>33° 56' 56"</u> Longitude: <u>90° 06' 26"</u>
Mailing Address: <u>13146 Hwy 8W</u>	<u>33</u> Method of Lat/Long (circle one): Conventional Survey, <u>16</u>
<u>Grenada MS 38901</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>17</u> Twn <u>24N</u> Rng <u>2E</u>
Telephone No. <u>(662) 226 4878</u>	Distance Direction Nearest Town <u>5</u> Miles <u>SSW</u> of <u>Charleston</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40 HP</u>
Date Pump Installed: <u>9-15-06</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1300</u> Gallons Per Minute	Number of Stages: <u>10" x 2 STAGE</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NO TEST</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): <u>Did not pump</u>
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 _____
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Pete Wick Drilling & Pump Repair Pete Wick