

County: Jackson
 Permit # GW43798
 Driller: Cook Drilling Co., Inc.
 Date drilling completed: 12-15-09

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only:
 Aquifer: A49
 Well #: L120
 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) | Well or Borehole Location |
|--|--|
| Owner Name: <u>Donald J. Little</u> | Latitude: <u>33° 06' 47" N</u> Longitude: <u>90° 54' 58" W</u> |
| Mailing Address: <u>100 Shooka Rd.</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Charleston Ms. 38921</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>NW 1/4 SE 1/4 Sec 29 T1N 24E R18E</u> |
| Telephone No. <u>(662) 515-0725</u> | Distance Direction Nearest town |
| | <u>8 Miles SW of Charleston MS</u> |

Well / Borehole Data

Date drilling started: 12-15-09 Date drilling completed: 12-15-09 Hole depth: 100 Hole diameter: 22

Location of the source of any surface water used for drilling: WATER TIE

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 _____ Other (describe) _____

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 12-15-09

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

Well depth: 100 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: 30 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: 30 inches Setting depth: From 70 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 next page*

Form: OLWR-SWR-1A (04/08)

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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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Walla Walla
 Permit #: _____
 Driller: Cook Drilling Co., Inc.
 Date completed: 12-15-09
Copy information from block on Part 1

For Office Use Only:

Aquife: _____
 Well #: L120
 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>Donald J. Little</u> | Latitude: <u>33° 66' 97"</u> Longitude: <u>90° 04' 58"</u> |
| Mailing Address: <u>100 Shooker Rd.</u> | Method of Lat/Long (check one): Conventional <u>55 09</u> Survey <u>06 18</u> |
| <u>Charleston Ms. 38921</u> | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| City State Zip Code | <u>SW 1/4 NE 1/4 Sec 29 T24N R 2E</u> |
| Telephone No. <u>(662) 515-0725</u> | Distance Direction Nearest Town <u>8</u> Miles <u>SW</u> of <u>Charleston MS</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>15</u> |
| Date Pump Installed: _____ | Setting Depth: <u>50</u> feet |
| Rated Pump Capacity: <u>600</u> Gallons Per Minute | Number of Stages: <u>1</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|---|
| Date Well Tested: _____ | Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>20</u> 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.

Cook Drilling Co. 289 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWP-B (04/09)
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