#1

County: TALLAHATCHIE
Permit #: LW-39997
Driller: HOUSTON DRILLING
Date drilling completed: 4/20/05

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 #: 8-110
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: MIKE STURDIVANT
Mailing Address: WEBB MS
PO Box 230 STURDIVANT RD
WEBB MS 38966
City State Zip Code
Telephone No. (662) 375-8753

Well or Borehole Location

Latitude: 33 ° 52 ' 49" N Longitude: 90 ° 19 ' 15" W
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
NE ¼ NW ¼ Sec 8 Twn 23N Rng 1W
Distance 5 Miles Direction S of Nearest Town WEBB

Well / Borehole Data

Date drilling started: 4/20 Date drilling completed: 4/20 Hole depth: 115 Hole diameter: 24
Location of the source of any surface water used for drilling: SAME 33 52 74 N 090 19 25 W
Method of dosing and volume of Chlorine used in drilling and development: 1 LB 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

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BY: OLWR

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: 26 feet above or below (circle one) land surface Date measured: 4/21
Method of Measurement (circle one) steel tape electric tape air line other:
Well depth: 115 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 75 feet Casing diameter: 16 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC
Screen slot size: 1030 inches Setting depth: From 75 feet to 115 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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Replacement Well LW-38364

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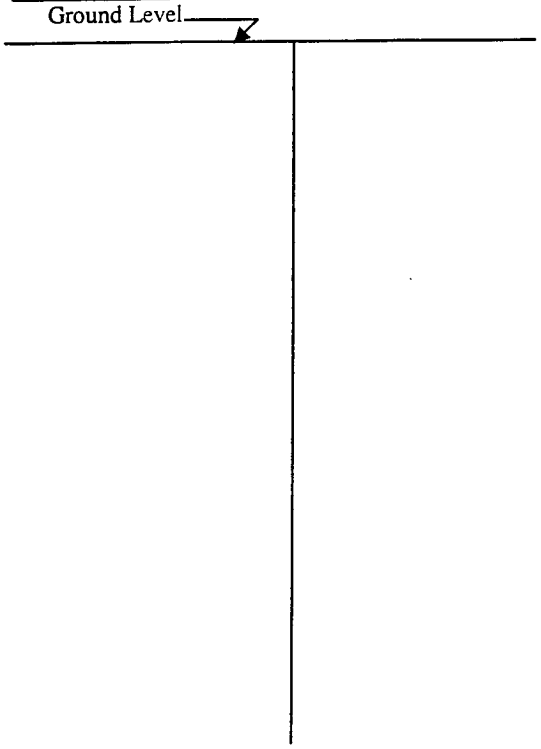
Q-110

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

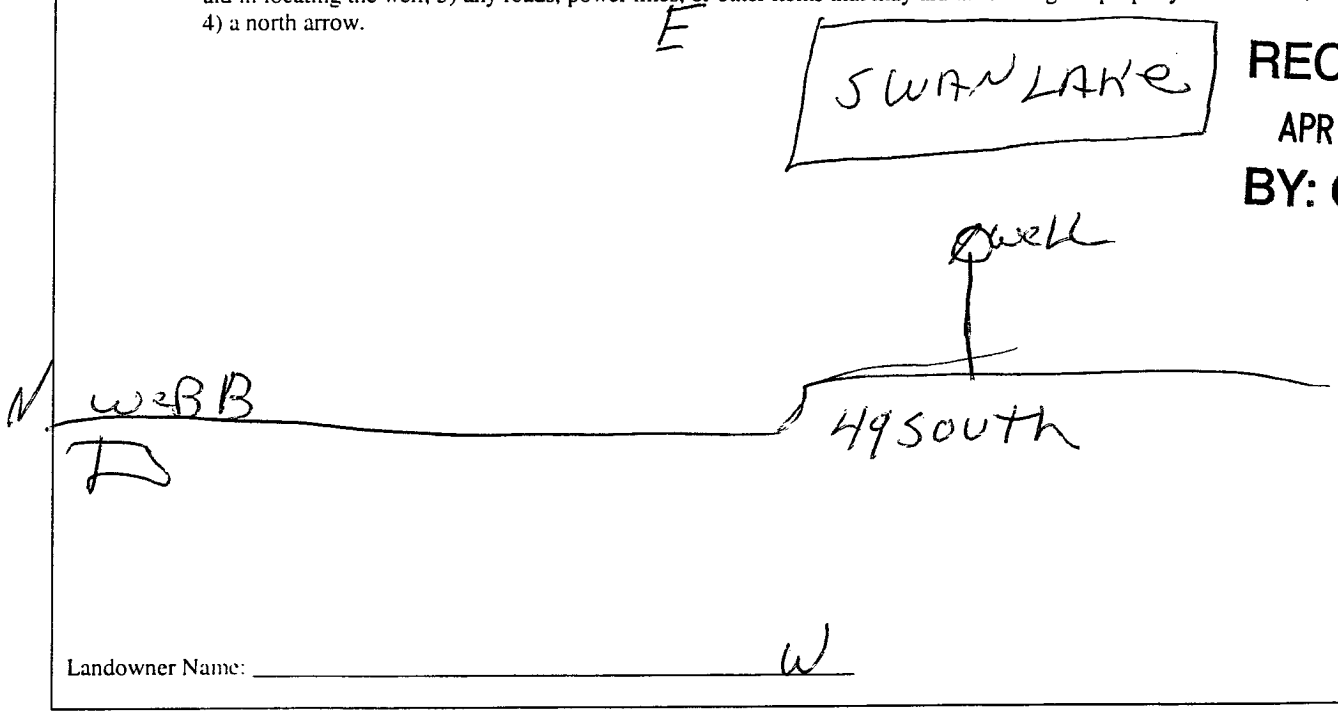


If more than one screen. show location of each on sketch

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
FINE SAND	13	20
HEAVY GRAVEL	20	115

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 0435

Print Name of Responsible Licensee and License No.

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Date

Signature of Licensee

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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 #: _____

Driller: Houston

Date completed: _____

Copy information from block on Part 1

For Office Use Only:

Aquifer: _____

Well #: Q-110

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: MIKE STUDIVANT

Mailing Address: WEBB MS

_____

_____
City State Zip Code

Telephone No. (____)_____

Well Location

Latitude: 33° 52 74N Longitude: 090 19. 25W

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

5 Miles S of WEBB

Pump Type
Circle one

Air Lift	Jet	Submersible
Bucket	Piston	(Turbine)
Centrifugal	Rotary	Flowing Well

Other (specify): _____

Date Pump Installed: _____

Rated Pump Capacity: 2000 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: 60 HP

Setting Depth: 60 feet

Number of Stages: 2

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Pump Test Data

Date Well Tested: _____

Static Water Level (A): _____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)

Paul Powell
Signature of Pump Installer

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