

TALLA HATCHIE

Job 8540

County: Grenada
 Permit #: GW42774
 Driller: Pete's Well Drilling
 Date drilling completed: 7-15-08

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 #: Q-38
 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>White Lake Farms</u>	Latitude: <u>33° 48' 48" N</u> Longitude: <u>90° 04' 00" W</u>
Mailing Address: <u>6747 Paper Birch Cove</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Memphis TN 38119</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 34 Twn 23N Rng 2S</u>
Telephone No. <u>(662) 647-7400</u>	Distance <u>8</u> Miles Direction <u>NW</u> of Nearest Town <u>Holtcomb, MS</u>

Well Data

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

Date well drilling started: 7-15-08 Date well drilling completed: 7-15-08

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

Static Water Level: 8 feet above or below (circle one) land surface Date measured: 7-15-08

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: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .032 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 0430 Pete Sapp
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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 BY: OLWR

JWD 8340

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: Pete's Well Drilling
 Date completed: 7-15-08
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: Q-38
 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: White Lake Farms
 Mailing Address: 6747 Paper Birch
Love
Memphis TN 38114
 City State Zip Code
 Telephone No. (662) 647-7400

Well Location
 Latitude: 33° 48' 05" N Longitude: 90° 04' 05" W
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____ Hand-held GPS Survey-grade GPS _____
SE 1/4 SE 1/4 Sec 33 T23N R2E
 Distance Direction Nearest Town
8 Miles NW of Holcomb, MS

Pump Type
 Circle one
 Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 7-22-08
 Rated Pump Capacity: 1600 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: 40
 Setting Depth: 60 feet
 Number of Stages: 2

Pump Test Data
 Date Well Tested: _____
 Static Water Level (A): 8 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.
David P. Holt 0-752P
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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