

704 662 - 686 - 9078

SHEPARD Well Report

Part 1

County: Tate Co.
 Permit #: 6640366
 Driller: Delta Drilling
 Date drilling completed: 9-20-05

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39208-0631
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: A 85
 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>James Shepard</u>	Latitude: <u>34.44.179</u> Longitude: <u>90.10.910</u>
Mailing Address: <u>321 Seward Blvd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Memphis TN 38122</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NW 1/4 SW 1/4 Sec 20 Twn 45 Rng 9W</u>
Telephone No. <u>(901) 358-0588</u>	Distance: <u>3.5</u> Miles Direction: <u>NE</u> of <u>_____</u>

RECEIVED

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: OCT 25 2005

Date well drilling started: 9-20-05 Date well drilling completed: 9-20-05

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

Static Water Level: 12 feet above or below (circle one) land surface Date measured: 9-21-05

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

Hole depth: 100 ft Well depth: 100 ft 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: 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: VISUAL

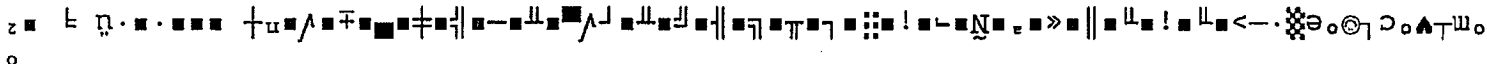
YMD JOINT WATER MANAGEMENT DISTRICT

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.

ALAN DYLE 0674 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

40366



A-85

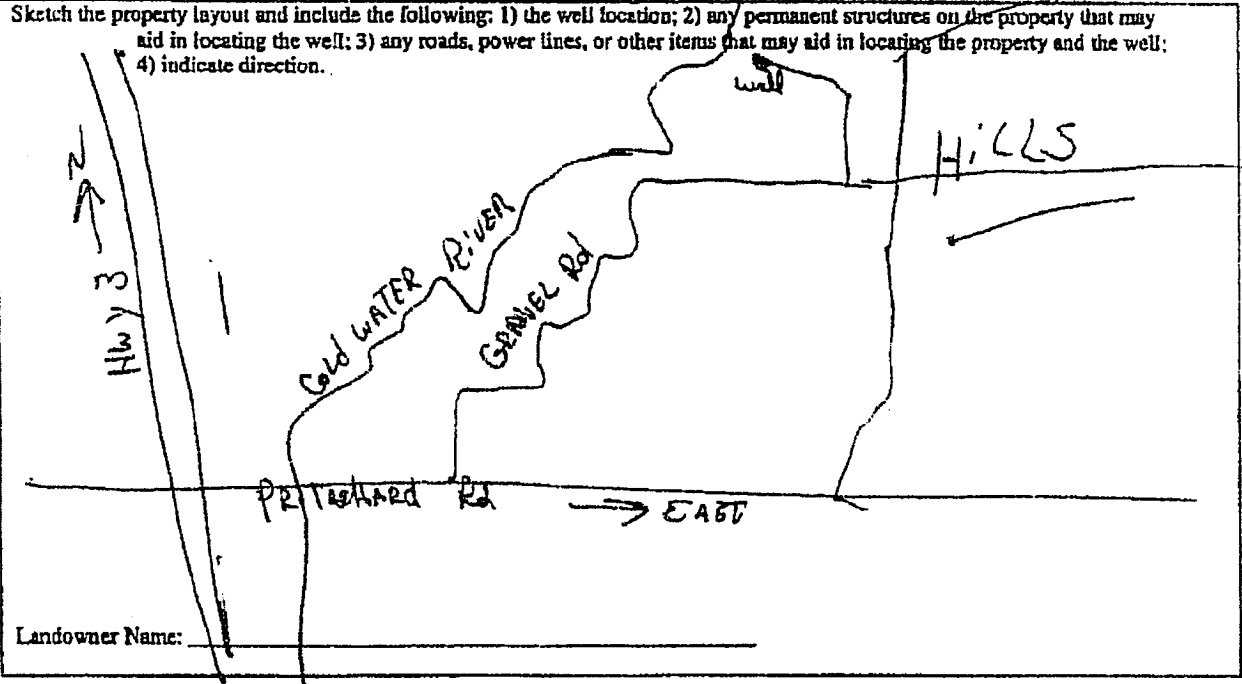
If well telescopes please sketch below and show depths.

Ground Level 6w40366

Description of Formations Encountered	From	To
Clay	0	55
Fine Sand	55	60
Sand + coarse gravel	60	100

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.



Signature of Water Well Contractor

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)961-3210
 (601)354-6938 (fax)

County: Ita
 Perm# #: 0W40366
 Driller: Delta Drilling
 Date completed: 9-20-05

For Office Use Only:
 Aquifer: _____
 Well #: A-85
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>James Shepard</u>	Latitude: <u>N34-44-179</u> Longitude: <u>W90-10-910</u>
Mailing Address: _____ <u>391 Sweet Briar</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Mem TN 38122</u>	<u>NW 4SW 4 Sec 30 Twp 4S Rng 1W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>901-358-0588</u>	<u>1 3/4</u> Miles <u>NW</u> of <u>PRITCHARD 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>100 HP</u>
Date Pump Installed: <u>9-21-05</u>	Sending Depth: <u>50 ft</u> feet
Rated Pump Capacity: <u>2000</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 <u>Steel Tape</u>
Static Water Level (A): <u>12</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.

ALAN PYCE _____
 Print Name of Pump Installer and License No. (if applicable) Signatures of Pump Installer