

Apr 29 05 02:19p

Mid-South Water

(662)843-1717

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State Well Report

Part 1

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: Yazoo
 Permit #: 61040145
 Driller: Mike Wells
 Date drilling completed: 4/21/05

For Office Use Only:
 Aquifer: _____
 Well #: A-73
 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>Phillips Brothers</u>	Latitude: <u>N32° 59' 11" 06</u> Longitude: <u>W90° 23' 50" 30</u>
Mailing Address: <u>4024 Money Sunk Rd.</u> <u>Yazoo City, MS 39194</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE 1/4 911</u> Sec <u>10</u> Twn <u>13N</u> Rng <u>2W</u>
Telephone No. <u>(662) 746-4408</u>	Distance: <u>3</u> Miles Direction: <u>W</u> of Nearest Town: <u>Eden</u>

Well Data

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

Date well drilling started: 4/21/05 Date well drilling completed: 4/21/05

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

Static Water Level: 23'3" feet above or below (circle one) land surface Date measured: 4/21/05

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

Hole depth: 108' Well depth: 108' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 68 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .050 inches Setting depth: From 68 feet to 108 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: N/A 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): N/A

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.

Thomas G. Chrestman 0-703

Thomas G. Chrestman

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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If well telescopes please sketch below and show depths.

Ground Level

6040145

N/A

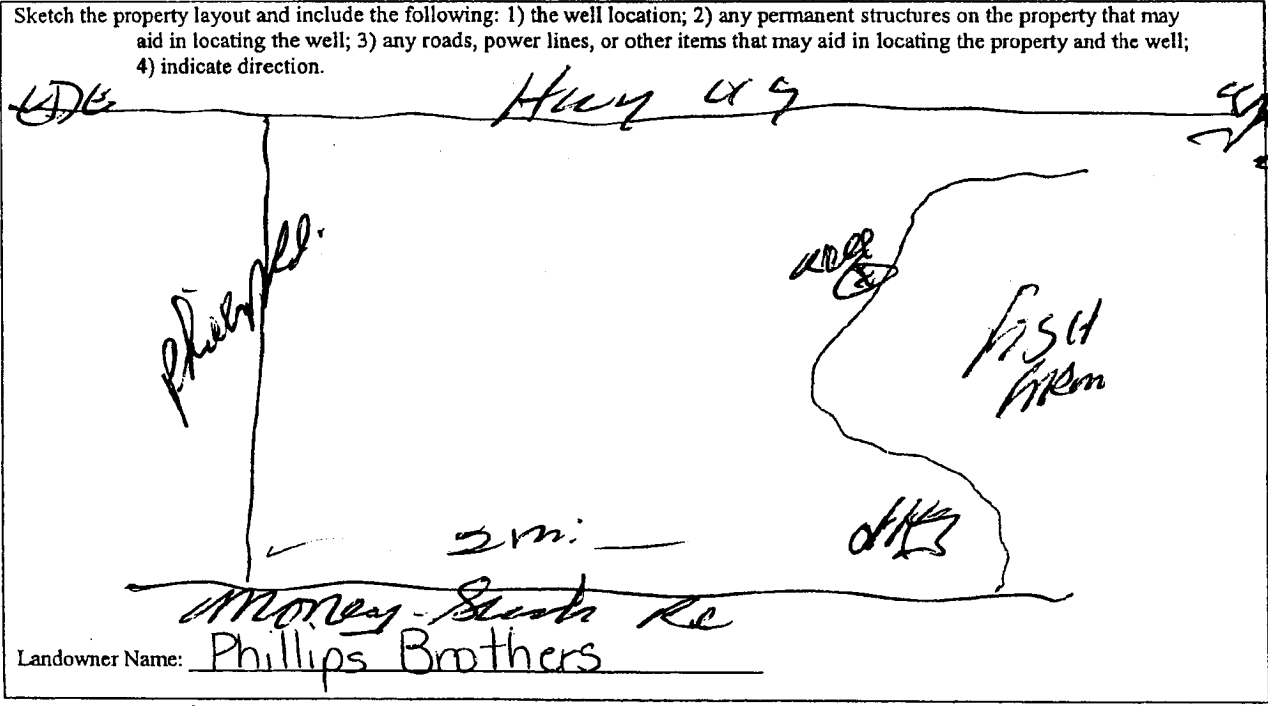
A-73

Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Clay	0	34
Medium Sand	34	71
Coarse Sand & Gravel	71	97
Medium Sand	97	108

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



Signature of Water Well Contractor: Thomas C. Phillips

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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)

For Office Use Only:

Aquifer: _____

Well #: A-73

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>Phillips Brothers</u>	Latitude: <u>N32° 59.111'</u> Longitude: <u>W090° 23.502'</u>
Mailing Address: <u>4024 Money Sunk Rd.</u> <u>Yazoo City, MS 39194</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City _____ State _____ Zip Code _____	_____ 1/4 _____ 1/4 Sec <u>10</u> Twn <u>13N</u> Rng <u>2W</u>
Telephone No. <u>(662) 746-4408</u>	Distance _____ Direction _____ Nearest Town _____ <u>3</u> Miles <u>W</u> of <u>Eden</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet _____ Submersible _____ Bucket: Piston _____ <u>Turbine</u> _____ Centrifugal: Rotary _____ Flowing Well _____ Other (specify): _____	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____ <u>Electric Motor</u> _____ Hand _____ Tractor PTO _____ Windmill _____ Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>70</u> feet Number of Stages: <u>1</u>
Date Pump Installed: <u>4/22/05</u>	
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>Not Tested</u>	Air Line _____ Electric Measuring Line _____ <u>Steel Tape</u> _____
Static Water Level (A): <u>23' 3"</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	Well yielded <u>N/A</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Thomas G. Chrestman 0-703
 Print Name of Pump Installer and License No. (if applicable)

Thomas G. Chrestman
 Signature of Pump Installer