

FROM : DELTA IRRIGA

FAX NO. : 686 4683

May. 11 2006 08:40PM P2

May 08 06 09:29a

Bill Schultz

3355777

p.1

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)961-3210
(601)354-6936 (fax)
360-0535

County: Yazoo
 Permit #: 246104197
 Driller: William Nichols
 Date drilling started: 4/1/06

For Office Use Only:
 Applier: _____
 Well #: A-177
 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>Cato FRANKS</u>	Latitude: <u>32-56-N</u>	Longitude: <u>90-26-W</u>	
Mailing Address: <u>4522 Carter Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>Yazoo City, MS 39194</u>	USGS quad: <u>(Hand-held GPS)</u> Survey-grade GPS		
Telephone No: <u>601 746-1970</u>	1/4 <u>31</u> 1/4 Sec. <u>13N</u> Rng <u>2W</u>		
	Distance _____ Miles	Direction _____	Nearest Town _____

Well Data

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

Date well drilling started: 4/1/06 Date well drilling completed: 4

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

Static Water Level: 22' feet above or below (circle one) land surface Date measured: 5/11/06

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

Hole depth: 110' 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: 0.35 inches Setting depth: From 10 feet to 100 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development Other (describe): _____

Top of log pipe 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 operator running logs: _____

I certify that this 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's regulations and state laws.

Print Name of Well Contractor and License No. William Coppay 0-422 Signature of Water Well Contractor William Coppay

FROM : DELTA IRRIGA
May 09 06 09:30a

FAX NO. : 686 4683
Bill Schultz

May. 11 2006 08:41PM P4
3355777 p.3

STATE WELL RETURN

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10681
Jackson, MS 39289-0681
(601)961-3310
(601)254-6938 (fax)

For Office Use Only:

Appl#:

Well #: A-77

Elevation:

County: Yazoo
 Permit #: 001-41097
 Driller: Matt Nichols
 Date completed: 4/9/06

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

Owner Name: Mailing Address: Telephone No.:	Well Owner Information	Well Location
	<u>Calo Adams</u> <u>4522 Cantor Rd</u> <u>Yazoo Ct. No. 39194</u> City State Zip Code	Latitude <u>32 56 N</u> Longitude <u>90 26 16 W</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad: <u>Hand-held GPS</u> Survey-grade GPS 1/4 Sec _____ 1/4 Sec _____ Town _____ Range _____ Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____

Air Lift Bucket Centrifugal Other (specify): Date Pump Installed: Rated Pump Capacity:	Pump Type Circle one	Power Type Circle one
	<input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>4/9/06</u> Rated Pump Capacity: <u>2500</u> Gallons Per Minute	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO Whiskull: _____ Other (specify): _____ Horse Power Rating of Motor: <u>114 hp @ 2250</u> Setting Depth: <u>60'</u> feet Number of Stages: <u>2</u>

Date Well Tested: Static Water Level (A): Pumping Water Level (B): Drawdown (B-A): Test Pumping Rate: Duration of Pumping Test (minimum 4 hours):	Pump Test Data	Method of Measuring Water Level Circle one
	(A): <u>22</u> Feet Below Land Surface (B): _____ Feet Below Land Surface (B-A): _____ Feet Below Land Surface _____ Gallons Per Minute _____ hours	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> <u>Steel Tap</u> 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.

Print Name of Installer: Matt Nichols License No. (if applicable): 0-0619

Signature of Pump Installer: Matt Nichols