

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)

For Office Use Only:

Aquifer: _____
Well #: K-73
L. S. Elevation: _____
E-log #: _____

County: YAZOO
Permit #: -GW40398
Driller: O-773
Date drilling completed: 10-19-05

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>BRETT ROBINSON</u> | Latitude: <u>32° 46' 22" N</u> Longitude: <u>90° 32' 02" W</u> |
| Mailing Address: <u>370 OAK VALLEY RD</u> | Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey |
| <u>YAZOO CITY MS 39194</u> City State Zip Code | USGS quad: <u>Hand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/> |
| Telephone No. <u>(601) 571-8737</u> | <u>NW 1/4 NW 1/4</u> Sec <u>29</u> Twn <u>11 N</u> Rn <u>3 W</u> |
| | Distance <u>9</u> Miles Direction <u>S</u> of <u>YAZOO CITY (RIVER RD.)</u> |

Well Data

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

Date well drilling started: 10-19-05 Date well drilling completed: 10-19-05

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

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 93' Well depth: 88' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 50 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 18 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 50 feet to 68 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.

JOHN NEWCOME O-773

John Newcome

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

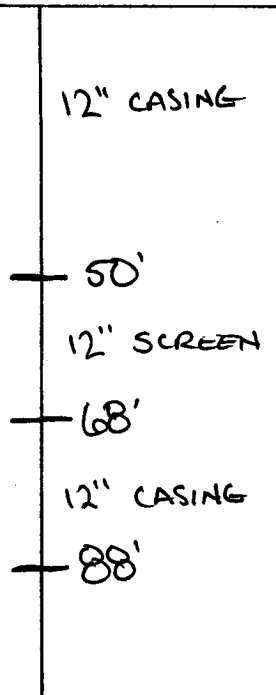
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BY: OLWR

If well telescopes please sketch below and show depths.

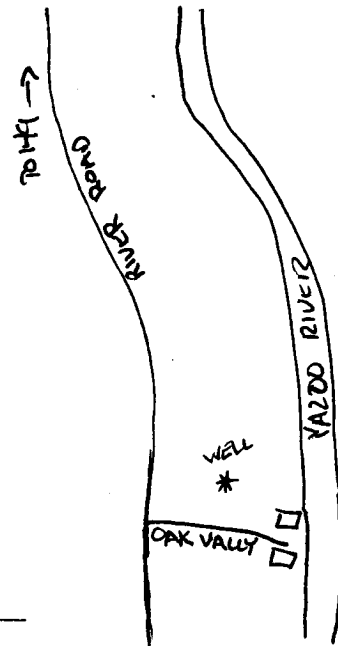
Ground Level



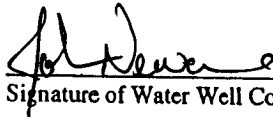
| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| TOP SOIL | 0' | 10' |
| MIX CLAY | 10' | 40' |
| FINE SAND | 40' | 50' |
| COARSE SAND | 50' | 68' |
| FINE SAND | 68' | 88' |
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If more than 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.



Landowner Name: BRET ROBINSON



Signature of Water Well Contractor

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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)

For Office Use Only:
Aquifer: _____
Well #: K-73
Elevation: _____

County: YAZOO
Permit #: _____
Driller: 0-773
Date completed: 10/19/05

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
Owner Name: BRETT ROBINSON
Mailing Address: 370 OAK VALLEY RD.
YAZOO CITY, MS. 39124
City State Zip Code
Telephone No: 662-571-8737

Well Location
Latitude: 32-46-727 Longitude: 090-32-002
Method of Lat/Long (circle one): 43 Conventional Survey, 0008
USGS quad, (Hand-held GPS), Survey-grade GPS
NW 1/4 NW 1/4 Sec 29 Twn 11N Rng 3W
Distance Direction Nearest Town
9 Miles South of YAZOO CITY

Pump Type
Circle one
Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____
Date Pump Installed: 10/20/05
Rated Pump Capacity: 800 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: 600
Setting Depth: 600 feet
Number of Stages: 2

Pump Test Data
Date Well Tested: _____
Static Water Level (A): 157.50 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): NOT PUMPED
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.
GLEN ROWE #710-P
Print Name of Pump Installer and License No. (if applicable)
Glen Rowe
Signature of Pump Installer

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