

County: Bolivar
 Permit #: GW-48040
 Driller: Joel Jumper
 Date drilling completed: 4-26-14

State Well Report
Part I - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: A163
 L.S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

<p align="center">Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Rudolph Massey</u> Mailing Address: <u>154 West Second Street</u> <u>Clarksdale Ms 38614</u> City State Zip Code Telephone No. () _____</p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>34° 01' 04"</u> Longitude: <u>90° 49' 05"</u> Method of Lat/Long (circle one): Conventional Survey. USGS quad: <u>Hand-held GPS</u> Survey-grade GPS SE $\frac{1}{4}$ SE $\frac{1}{4}$ Sec <u>21</u> Twn <u>25N</u> Rng <u>06W</u> Distance Direction Nearest Town <u>3</u> Miles <u>E</u> of <u>Deeson</u></p>
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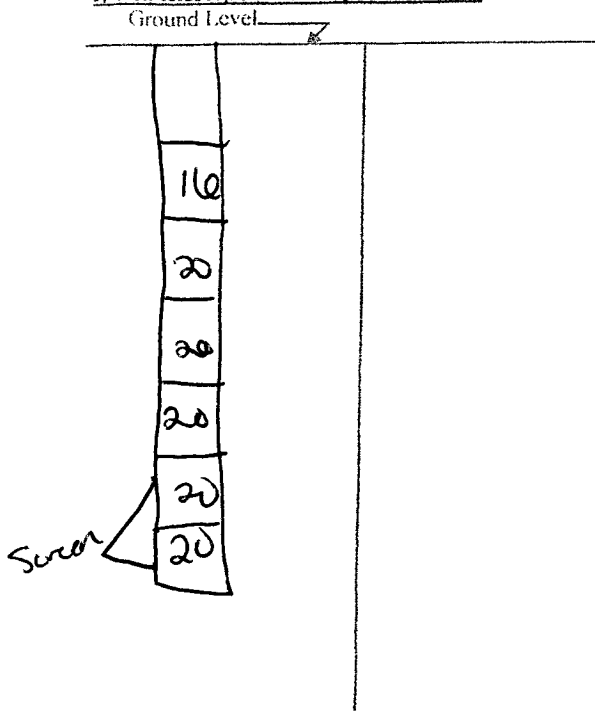
Well / Borehole Data

Date drilling started: 4-26-14 Date drilling completed: 4-26-14 Hole depth: 116 Hole diameter: 28 in
 Location of the source of any surface water used for drilling: Nearest Well
 Method of dosing and volume of Chlorine used in drilling and development: _____
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____
 Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Seismic Survey _____ Other (describe) _____
If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation Fish Culture _____ Other: _____
 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 28 feet above or below (circle one) land surface Date measured: 4-26-14
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 116 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 76 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 0 feet to 70 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 next page*

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

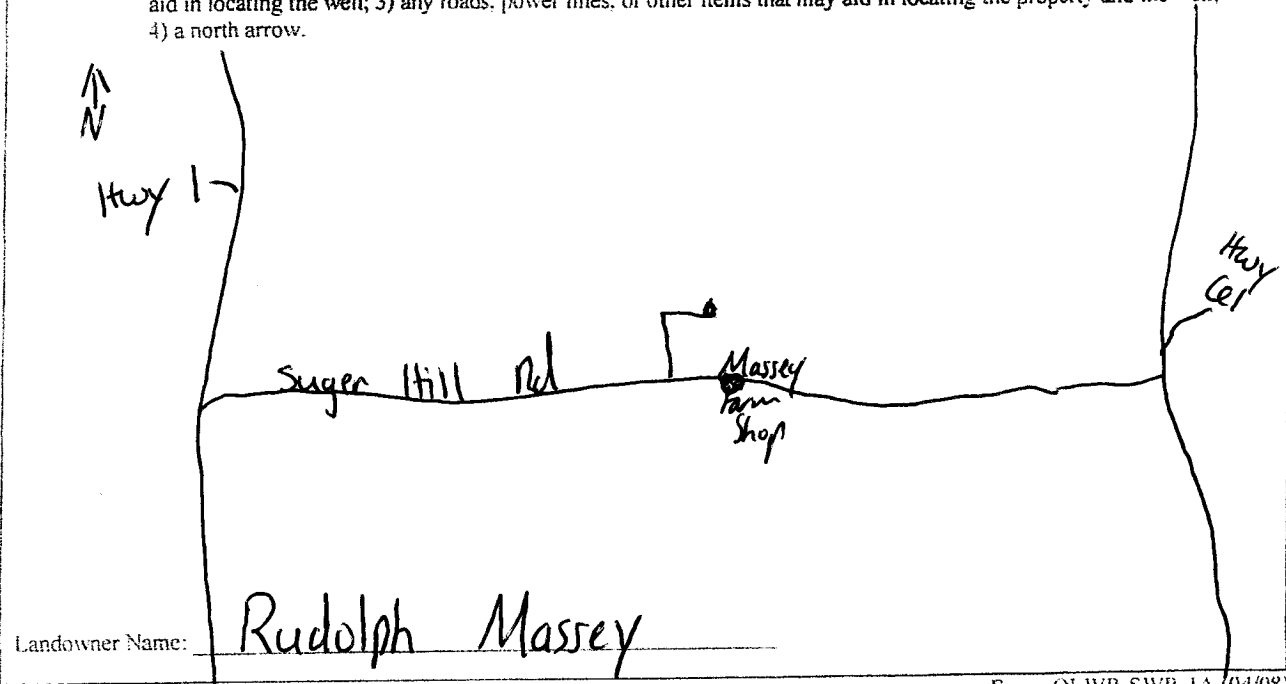


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations.

Description of Formations Encountered	From (depth)	To (depth)
Gumbo	Ground Level	20
Gumbo	20	40
sand	40	60
gravel	60	80
gravel & sand	80	100
course sand	100	116

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) a north arrow.



Form: OI.WR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Print Name of Responsible Licensee and License No. Joel Jumper 5317

Date 4-26-14

Signature of Licensee [Handwritten Signature]

14781201

STATE WELL REPORT

Part 2

Pump Installer's Completion Report

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601) 360-0535 (fax)

For Office Use Only:

Well #: _____
Aquifer: _____

County: BOLIVAR
Permit #: GW-48040
Driller: JOINED WELL SERVICE
Date completed: 4-26-14
Copy information from block on Part 1

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	Well Location
Owner Name: <u>RUDOLPH MASSEY</u>	Latitude: <u>34° 01. 04'</u> Longitude: <u>90° 49. 05"</u>
Mailing Address: <u>154 WEST SECOND ST</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>CLARKSDALE</u> <u>MS</u> <u>38604</u>	<u>SE</u> ¼ <u>SE</u> ¼, Sec <u>21</u> T <u>25N</u> R <u>06W</u>
City State Zip Code	<u>4.3</u> Miles <u>SW</u> of <u>DUNCAN</u>
Telephone No. <u>(602) 624-5786</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 4-26-14 Rated Pump Capacity: 2200 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 60 Setting Depth: 70 feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 28 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

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: N/A Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

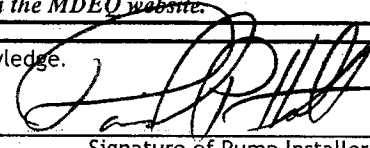
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: _____

Is This Meter (circle one): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

DAVID P. HOLT 0-752P 5-17-14 

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

RECEIVED

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