

JUN-03-2008 08:11 From:MID SOUTH WATER

6628431717

To:601 360 0535

P.2/4

State Well Report

Part 1 - Driller's Log

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: Bolivar
 Permit #: [Redacted]
 Driller: Eddie Noke
 Date drilling completed: 5-13-08

For Office Use Only:
 Aquifer: _____
 Well #: C-164
 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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>IKE Brunetti</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 1093</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Shelby</u> MS <u>38774</u>	_____/_____/_____ 1/4 Sec <u>33</u> Twp <u>24</u> Rng <u>8</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 398-7833</u>	<u>3</u> Miles <u>NW</u> of <u>Rosedale</u>
Well / Borehole Data	
Date drilling started: <u>5-13-08</u> Date drilling completed: <u>5-13-08</u> Hole depth: <u>124'</u> Hole diameter: <u>2 1/2"</u>	
Location of the source of any surface water used for drilling: <u>existing well</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
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: <u>20</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>5-19-07</u>	
Method of Measurement (circle one) steel tape <u>electric line</u> air line other: _____	
Well depth: <u>120'</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix	
Casing length: <u>60</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>60</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>60</u> feet to <u>120</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>N/A</u> feet <i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR-5071

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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)

County Bolivar
 Permit # _____
 Driller John Rybolt IV
 Date completed: 5-19-08
Leave information from black on Part 1

For Office Use Only:
 Aquifer _____
 Well # C-164
 Elevation: _____

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>IKE Bennett</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 1093</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Shelby</u> <u>MS</u> <u>38774</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. <u>(662)398-7833</u>	Distance _____ Direction _____ Nearest Town _____
	<u>3</u> Miles <u>North West</u> of <u>Rosedale</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="radio"/> Jet <input type="radio"/> Submersible	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas
Rocket: <input type="radio"/> Piston <input checked="" type="radio"/> Turbine	Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal: <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill <input type="radio"/> Other (specify): <u>Gear Drive</u>
Other (specify): _____	Horse Power Rating of Motor: <u>60hp</u>
Date Pump Installed: <u>5-19-08</u>	String Depth: <u>60</u> feet
Rated Pump Capacity: <u>2400</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NOT TESTED</u>	Air Line: <input checked="" type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>20</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: _____ feet
Drawdown (B) - (A): <u>N/A</u> Feet Below Land Surface	Well yielded _____ 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.

Clayton Miller 0-703
 Print Name of Pump Installer and License No. (if applicable)

Clayton Miller
 Signature of Pump Installer

Form: OLWR/SWR-10

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