

County Bolivar
 Permit #: GW-46947
 Driller: Clarence McMurtry
 Date drilling completed: 3-6-13

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)961-6210
 (601)961-6228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: T221
 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>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i> Owner Name: <u>Terry Bryant, Inc</u> Mailing Address: <u>201 Eastview Dr</u> <u>Cleveland MS 38732</u> City State Zip Code Telephone No. <u>(662) 588-5499</u></p>	<p>Well or Borehole Location Latitude: <u>N33° 33' 29.50"</u> Longitude: <u>W91° 48' 52.04"</u> Method of Lat/Long (circle one): <u>29</u> Conventional Survey, <u>48</u> <u>54</u> USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <u>NE</u> 1/4 <u>NE</u> 1/4 Sec <u>25</u> Twn <u>20N</u> Rng <u>06W</u> Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____ <u>#1743</u> Well #1</p>
<p>Well / Borehole Data Date drilling started: <u>3-6-13</u> Date drilling completed: <u>3-6-13</u> Hole depth: <u>126'</u> Hole diameter: <u>22"</u> Location of the source of any surface water used for drilling: <u>Ditch near by</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></p>	
<p>Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____ If a flowing well, method of flow regulation: Valve _____ Other (describe) <u>N/A</u> Static Water Level: <u>38</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>3-18-13</u> Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____ Well depth: <u>126'</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>85</u> feet Casing diameter: <u>10</u> inches Type of casing: <u>PVC</u> Screen length: <u>41</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>.050</u> inches Setting depth: From <u>85</u> feet to <u>126 ft</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></p>	

Form: OLWRSW31A (04/08)

MAR 20 2013

BY: OLWR

County: Bolivar
 Permit #: GW-46947
 Driller: Michael Wells
 Date completed: 3-18-13
 Copy information from block on Part 1

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
 (601)961-5210
 (601)961-5278 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: T-221
 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 Owner Name: <u>Terry Bayant, Inc</u> Mailing Address: <u>201 Eastman Dr</u> <u>Cleveland MS 38732</u> City State Zip Code Telephone No. <u>(662) 588-5459</u>	Well Location Latitude: <u>N33°33'29.50"</u> Longitude: <u>W90°40'53.84"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ <u>NE 1/4 NE 1/4 Sec 28 T. 20N R. 06W</u> Distance _____ Miles _____ Direction _____ of _____ Nearest Town _____
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Pump Type Circle one Air Lift _____ Jet _____ Bucket _____ Centrifugal _____ Other (specify): _____ Date Pump Installed: <u>3-18-13</u> Rated Pump Capacity: _____ 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: <u>15</u> Sealing Depth: <u>80</u> feet Number of Stages: <u>1</u>
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Pump Test Data Date Well Tested: <u>NOT TESTED</u> Static Water Level (A): <u>38</u> Feet Below Land Surface Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface Drawdown [(H) - (A)]: <u>N/A</u> Feet Below Land Surface Test Pumping Rate: <u>N/A</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	Method of Measuring Water Level Circle one Air Line _____ Electric Measuring Line _____ Steel Tape _____ Other (specify): _____ For flowing well, measured shut in head: <u>14</u> feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
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This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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
 RECEIVED
 Form: OLWR-SWR-1C(107)05

BY: OLWR