County: Coahoma

Permit #:

Driller: Willie L. Bryant

Date drilling completed: 12-14-08

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 #: J-172

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

Owner Name: Sunflower Lane Apt.

Mailing Address: 210b Center st.

Contact Phil McNeer (662)719-5306

Clarksdale (City) MS (State) 38614 (Zip Code)

Telephone No. (662) 624-8098

Well Location

Latitude: 34° 10' 90" N Longitude: 090° 33' 92" W (34, 55)

Method of Lat/Long (circle one): Conventional Survey, USGS quad, (Hand-held GPS), Survey-grade GPS

____ ¼ ____ ¼ Sec 25 Twn 27N Rng 4W

Distance ____ Miles Direction ____ of Nearest Town Clarksdale

Well Data

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

Date well drilling started: 12-14-08 Date well drilling completed: 12-14-08

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

Static Water Level: 32' feet above or (below) (circle one) land surface Date measured: 12-14-08

Method of Measurement (circle one) steel tape electric tape air line other: Rope & weight

Hole depth: 100' 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: 4 inches Type of casing: PVC sch 40

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: .013 inches Setting depth: From 60 feet to 100 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: -0- 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.

Willie L Bryant 0-639

Print Name of Water Well Contractor and License No.

Willie L. Bryant

Signature of Water Well Contractor

RECEIVED
JAN 09 2009
BY: OLWR

J-172

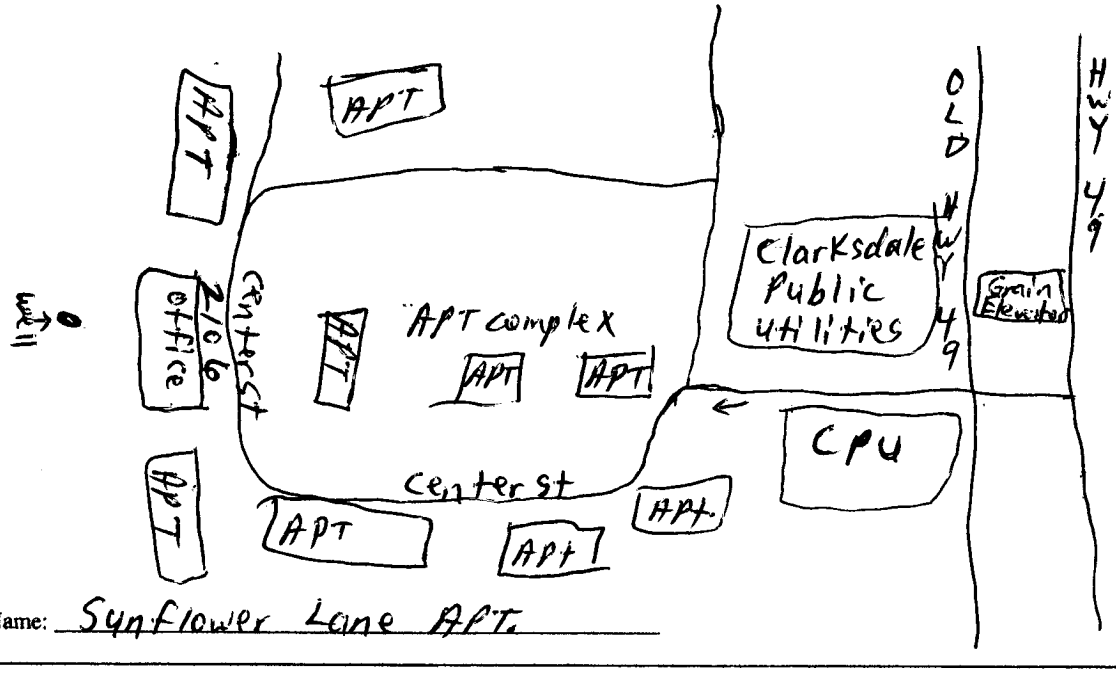
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	20
Clay & Brown Sand	20	40
Med. Sand	40	60
Coarse Sand	60	80
Coarse Sand & gravel	80	100

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: Sunflower Lane APT.

Willie L. Bryant
Signature of Water Well Contractor

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: Coahoma
Permit #:
Driller: Willie L. Bryant
Date completed: 12-14-08

For Office Use Only:
Aquifer:
Well #: J-172
Elevation:

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: Sunflower Lane Apts.
Mailing Address: 2106 Center St.
(contact Phil McNeer (662) 719-5306
Clarksdale MS 38614
City State Zip Code

Telephone No. (662 624-8089

Well Location

Latitude: 34° 10.90 N Longitude: 090° 33.92 W
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, (Hand-held GPS,) Survey-grade GPS
____ ¼ ____ ¼ Sec 25 Twn 27N Rng 4W
Distance Direction Nearest Town
____ Miles ____ of Clarksdale

Pump Type
Circle one

Air Lift	Jet	(Submersible)
Bucket	Piston	Turbine
Centrifugal	Rotary	Flowing Well

Other (specify):
Date Pump Installed: 12-14-08
Rated Pump Capacity: 60 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: 5hp
Setting Depth: 60' feet
Number of Stages: 13

Pump Test Data

Date Well Tested: 12-14-08
Static Water Level (A): 32' Feet Below Land Surface
Pumping Water Level (B): 37' Feet Below Land Surface
Drawdown [(B) – (A)]: 5' Feet Below Land Surface
Test Pumping Rate: 75 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
Circle one

Air Line	Electric Measuring Line	Steel Tape

Other (specify): Rope & weight

For flowing well, measured shut in head: ____ feet
Well yielded 75 GPM with a drawdown of
5 feet after 4 hours of pumping

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

Willie L. Bryant 0-639
Print Name of Pump Installer and License No. (if applicable)

Willie L. Bryant
Signature of Pump Installer

RECEIVED
JAN 09 2009
BY: OLWR