

County: Cochran
 Permit #: 42146 ✓
 Driller: Will Young
 Date drilling completed: 7/19/07

State Well Report
Part I - 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)

For Office Use Only:
 Aquifer: _____
 Well #: M108
 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)

Owner Name: Watts Bro Inc
 Mailing Address: 56 JOHN ST.
Clarksdale MS 38614
 City State Zip Code
 Telephone No. 662-902-8940

Well or Borehole Location

Latitude: 34° 08' 26" Longitude: 90° 31' 10"
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad, Hand-held GPS, Survey-grade GPS
SW 1/4 NW 1/4 Sec 9 Twp 26N Rng 3W
 Distance _____ Direction _____ Nearest Town _____
 Miles _____ of _____

Well / Borehole Data

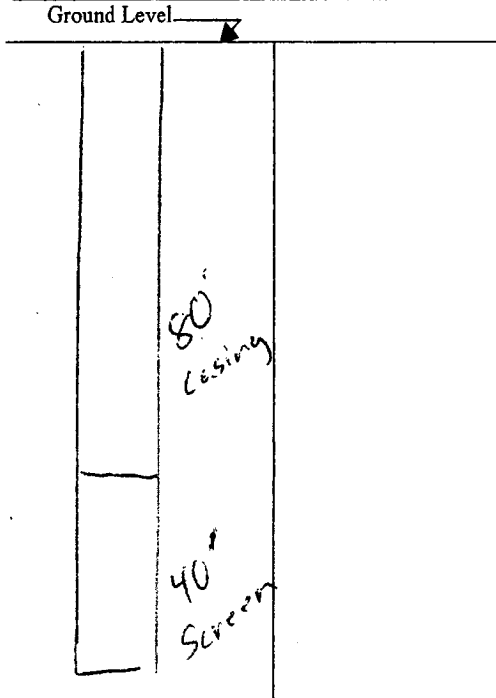
Date drilling started: 7/19/07 Date drilling completed: 7/19/07 Hole depth: 120 Hole diameter: 26"
 Location of the source of any surface water used for drilling: Supply Well
 Method of casing and volume of Chlorine used in drilling and development: N/A
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): N/A
 Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Seismic Survey _____ Other (describe) N/A
(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 N/A Other (describe) _____
 Static Water Level: 27 feet above or below (circle one) land surface Date measured: 7/19/07
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 120 Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 80 feet Casing diameter: 16 inches Type of casing: PVC
 Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC
 Screen slot size: .050 inches Setting depth: From 80 feet to 120 feet
 Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): N/A
 Top of lap pipe or reduction in casing: N/A feet. *(if telescoped or more than one screen, describe on next page)*

The sketch below only required for water wells

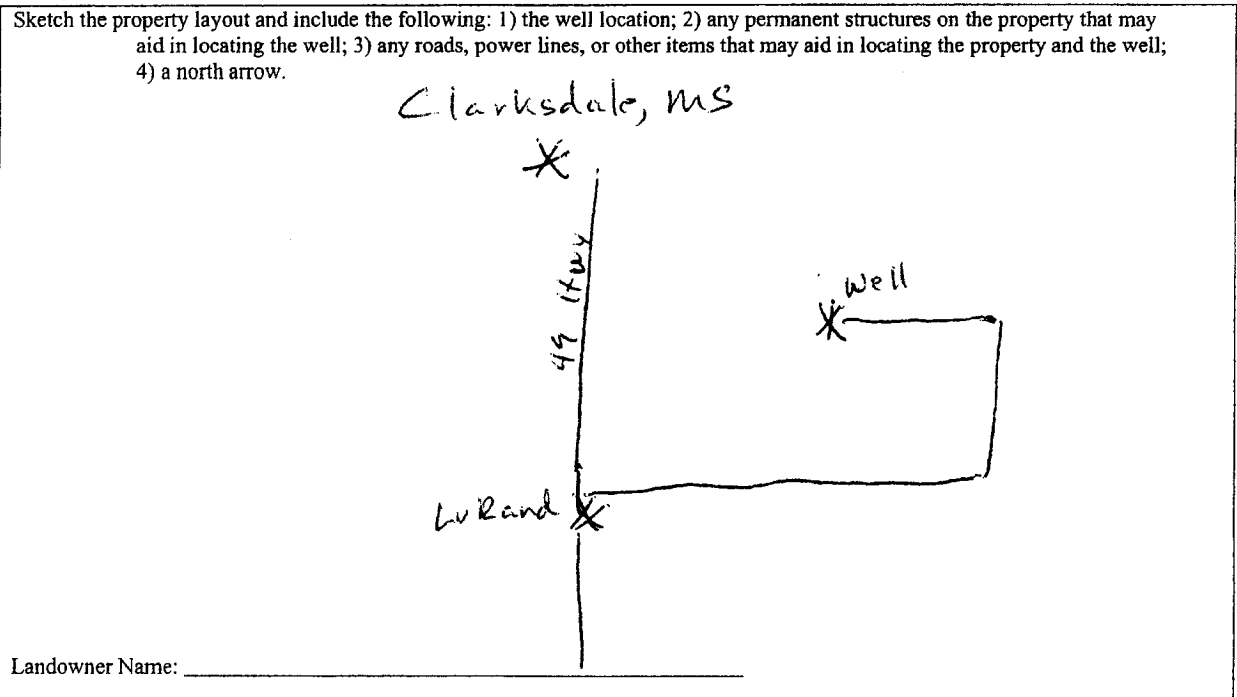
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth) Ground Level	To (depth)
Gumbo	0	65
Fine Sand	66	78
Coarse Sand + Gravel	79	120

If more than one screen, show location of each on sketch



Form: OLWR-SWR-1A

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.

Joel Jumper
Print Name of Responsible Licensee and License No.

08/14/07
Date

Joel Jumper
Signature of Licensee

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JUL 25 2011
BY: OLWR

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: Cochema
 Permit #: 0368 42146
 Driller: Will Young
 Date completed: 7/20/07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: M108
 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>Watts Bros. Inc</u>	Latitude: <u>N 34° 8.448</u> Longitude: <u>W 90° 31.177</u>
Mailing Address: <u>56 John St.</u> <u>Clarksdale, MS 38614</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>SW 1/4 NW 1/4 Sec 9 T.26N R.3W</u>
Telephone No. <u>(662) 902-8940</u>	Distance _____ Direction _____ Nearest Town _____
	<u>4</u> Miles <u>S</u> of <u>Clarksdale, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<input checked="" type="radio"/> Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input checked="" type="radio"/> Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>7/20/07</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>3500</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>7/21/07</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>27</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>42</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>3,300</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

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

Form: OLWR-SWR-1B

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JUL 25 2011

BY: OLWR