

STATE WELL REPORT

County: Cochosma
 Permit #: GW-48308
 Driller: Richard Foster
 Date drilling completed: 5-26-14

Part I
Driller's Log
 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 #: 0152
 Aquifer: _____
 E-Log #: _____

State Law requires that this report be prepared by the licensc 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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Honey Family Trust</u>	Latitude: <u>33° 59' 23"</u> Longitude: <u>90° 32' 05"</u>
Mailing Address: <u>P.O. Box 206</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Clarksdale</u> MS <u>38614</u>	USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 SW 1/4, Sec 32 T25N R03W</u>
Telephone No. <u>(662) 902-1824</u>	<u>6.23</u> Miles <u>West</u> of <u>Tutwiler</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 5-26-14 Date drilling completed: 5-26-14 Hole depth: 125' Hole diameter: 22"

Location of the source of any surface water used for drilling: Ditch 3/4 mile away

Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gammis Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 48 feet (above or below land surface) Date measured: 6-16-14
 (circle one)

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

Well depth: 125' Well grouted to a depth of: 10 feet Type of grout (circle one): Great Cement Bentonite Mix

Casing length: 85 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 85 feet to 125' feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of tap pipe or reduction in casing: N/A feet

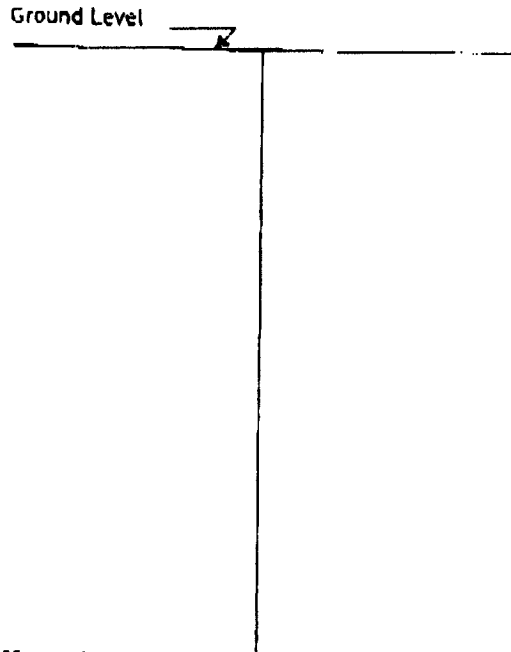
If telescoped or more than one screen, describe on next page

County: Coahoma
 Permit #: GW-48303

For Office Use Only:
 Well #: 0152

The sketch below only required for water wells

If well telescopes, show depths on sketch.



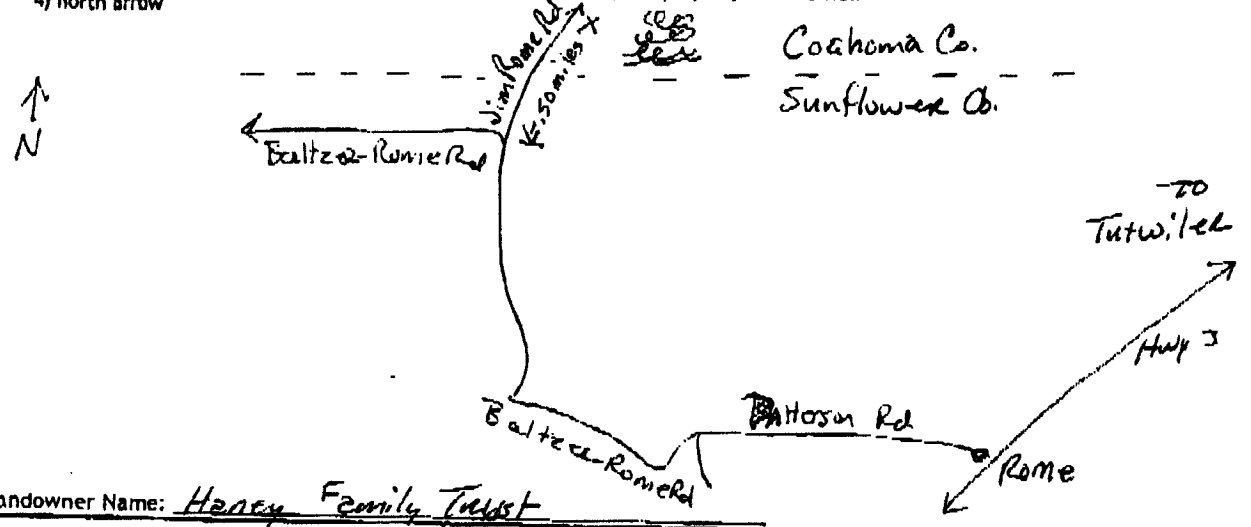
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	21
Fine Sand	21	29
Medium Sand & Pea Gravel	29	38
Medium/Coarse Sand & Pea Gravel	38	58
Fine Sand	58	64
Medium Sand	64	69
Medium/Coarse Sand & Pea Gravel	69	87
Coarse Sand & Gravel	87	125

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) north arrow



Landowner Name: Harvey Family Trust

I HEREBY 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.

Clayton Miller 0-703 6-17-14 Clayton Miller
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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)

County: Bahama
 Permit #: GW-48308
 Driller: John Rybolt IV
 Date completed: 6-16-14
Copy information from block on Part 1

For Office Use Only:
 Well #: 0152
 Aquifer: _____

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>Haney Family Trust</u>		Latitude:	<u>33°59'23"</u>
Mailing Address:	<u>P.O. Box 206</u>		Longitude:	<u>90°32'09"</u>
			Method of Lat/Long (check one): Conventional Survey _____	
			USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____	
<u>Clarksdale</u>	<u>MS</u>	<u>38614</u>	<u>SW 1/4 SW 1/4, Sec 32 T25N R03W</u>	
City	State	Zip Code	<u>6.23</u> Miles <u>West</u> of <u>Tuxwiler</u>	
Telephone No. <u>(662) 902-1824</u>			(Distance)	(Direction) (Nearest Town)

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 6-16-14 Rated Pump Capacity: _____ 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: 15 Setting Depth: 70 feet Number of Stages: 1

Pump Test Data for Non Flowing Well
 Date Well Tested: NOT TESTED Duration of Pump Test (minimum 4 hours): N/A hours
 Static Water Level (A): 48 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface
 Drawdown [(B) - (A)]: N/A Feet Below Land Surface Test Pumping Rate: N/A 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: _____ 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.
Clayton Miller 0-703 6-17-14 Clayton Miller
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

STATE WELL REPORT

For Office Use Only
 Well No. _____
 Address _____

Part 2
 Pump Installer's Installation Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 1004
 Jackson, MS 39202-1004
 (601) 359-3737
 (601) 359-3735 (fax)

_____ (Signature)
 _____ (Name)
 _____ (Address)
 _____ (City/State/Zip)

This report must be completed by the pump installer. A copy of Part 1 of the report must be retained by the installer. The report must be retained until the Department of Environmental Quality is notified of the completion of the installation.

Well location Latitude: <u>33° 28' 00" N</u> Longitude: <u>90° 55' 00" W</u> Method of location: <u>Survey</u> U.S. Quad: <u>225000</u> Section: <u>35</u> Township: <u>12 N</u> Range: <u>10 W</u> (County) _____ (City/Town) _____	Well Owner Information Owner Name: <u>Harvey Family Trust</u> Mailing Address: <u>P.O. Box 502</u> City: _____ State: <u>MS</u> Zip Code: <u>39202</u> Telephone No. (Area Code) _____ <u>601-359-1854</u>
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Pump Type (Circle one) <u>Submersible</u> Turbine All-Other (Specify) _____ Other Pump Model No. _____ In this pump (circle one) <u>Flow</u> Regulator _____ Power Type (Circle one) Electric (Specify Voltage) _____ Motor Power Rating of Motor _____ Setting Depth _____ Number of Stages _____
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Pump Test Data for Non-Flowing Well Date Well Tested: <u>10/10/82</u> Static Water Level (A) _____ Drawdown (B) - (A) _____ Method of measurement (circle one) _____ Pump Test Data for Flowing Well Measured shut-in head _____ Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation Meter Model Number _____ Meter Serial Number _____ Location Register Unit and Multiplier Factor (A x 100, gal x 1000, etc) _____ Meter installed by _____ Is this Meter (circle one) <u>New</u> Replaced _____ Important: By entering this information you are certifying that this meter was installed in accordance with the manufacturer's instructions. For replacement wells, a flow regulator meter is on the MDEQ website.
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
 _____ (Signature)
 _____ (Name)
 _____ (Address)
 _____ (City/State/Zip)
 Date: 10-14-82
 Signature of Pump Installer: _____