

County: George
 Permit #: 0-780
 Driller: J-Pine
 Date drilling completed: 3-20-11

State Well Report
 Part I - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2307
 Jackson, MS 39225
 (601) 961-5210
 (601) 961-5225 (fax)

For Office Use Only
 Section: 6185
 Well: _____
 U.S. Block: _____
 Driller: _____

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
 (Lundowner if borehole is not for a water well)

Owner Name: Darryl Watters
 Mailing Address: 241 Chelsea Lane
Cumada MS 39452
 City State Zip Code
 Telephone No: 601, 947-4800

Well or Borehole Location
 Latitude: 30 49 46.50 Longitude: 88 33 78.3 ⁴¹⁶
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad: (Hand-Drawn GPS) Survey point: OTS
 SW 1/4 NW 1/4 Sec 35 Twp 25 Rng 16W
 Distance: 3 Miles Direction: west Nearest Town: Agua, MS

Well / Borehole Data

Date drilling started: 3-19-11 Date drilling completed: 3-19-11 Hole depth: 270 Well casing: 4
 Location of the source of any surface water used for drilling: Agua, MS
 Method of dosing and volume of Chlorine used in drilling and development: 2000 gal water 4 gal chlorine

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other _____
 Name of organization running logs: _____

Purpose of borehole (check 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 (check one): Home Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____
 (if a flowing well, method of flow regulation: Valve _____ Other describe: _____)

Static Water Level: 5 feet above or below (circle one) land surface Date measured: 3-20-11
 Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 270 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 250 feet Casing diameter: 4 inches Type of casing: Sch 40 Plastic
 Screen length: 20 feet Screen diameter: 4 inches Type of screen: Sch 40 Plastic
 Screen slot size: 6 inches Setting depth: From 0 feet to 270 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: _____ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A (04/08)

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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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: _____
 Elevation: _____

County: DeSoto
 Permit #: 0-780
 Driller: J. Piers
 Date completed: 3-20-11
Copy information from block on Part 1

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>Danny Walter</u>	Latitude: <u>30-49-840</u> Longitude: <u>89-33-783</u>
Mailing Address: <u>241 Chelsea Lane</u>	Method of Lat Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Cumtola</u> <u>MS</u> <u>39452</u> City State Zip Code	<u>SW</u> <u>NW</u> <u>Sec 35</u> <u>T 25</u> <u>R 6W</u>
Telephone No. <u>(601) 947-4800</u>	Distance Direction Nearest Town <u>3</u> Miles <u>West</u> of <u>Acosta, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u> <input type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5 hp</u>
Date Pump Installed: <u>3-20-11</u>	Setting Depth: <u>160 Drop Pipe</u> feet
Rated Pump Capacity: <u>70</u> Gallons Per Minute	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>3-20-11</u>	<u>Air Line</u> <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>5</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>160</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	Well yielded <u>70</u> GPM with a drawdown of
Test Pumping Rate: <u>70</u> Gallons Per Minute	<u>5</u> feet after <u>48</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>48</u> hours	

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

Joel Piers - 0-780 Joel Piers
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 Form: OLWR-SWR-4B (04/08)