

County: Holmes
 Permit #: _____
 Driller: Willie Bryant
 Date drilling completed: 12-23-12

State Well Report
Part 1 - Driller's Log
 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 #: J92
 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 align="center">Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Melvin Kusse II</u> Mailing Address: <u>1015 Dawson Rd - CR 197</u> <u>Tchula MS 39169</u> City State Zip Code Telephone No. <u>(662) 739-3294</u></p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>33° 8' 36" 11" N</u> Longitude: <u>90° 16' 8" 78" W</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS <u>SW 1/4 NE 1/4 Sec 23</u> TwN <u>15 N</u> Rng <u>1 W</u> Distance Direction Nearest Town <u>5</u> Miles <u>S</u> of <u>Tchula</u> <u>1015 Dawson Rd - CR 197</u></p>
--	---

Well / Borehole Data

Date drilling started: 12-23-12 Date drilling completed: 12-23-12 Hole depth: 100 Hole diameter: 6 1/2
 Location of the source of any surface water used for drilling: Near by ditch
 Method of dosing and volume of Chlorine used in drilling and development: Chlorine Tablets
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____
 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

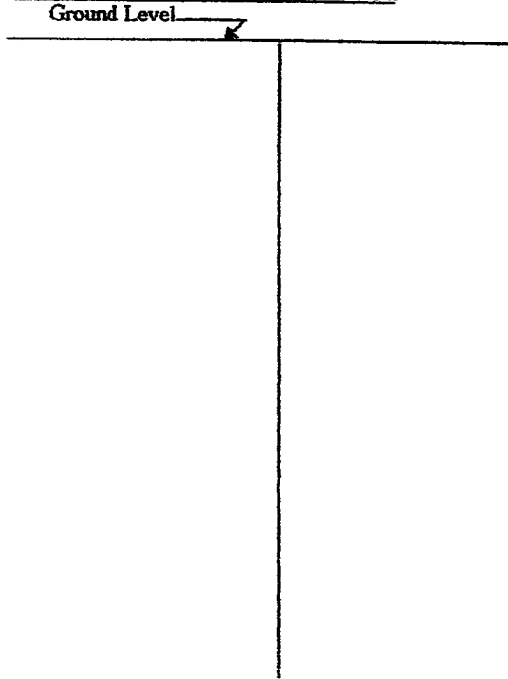
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation Fish Culture _____ Other: _____
 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 18 feet above or below (circle one) land surface Date measured: 1-19-13
 Method of Measurement (circle one) steel tape electric tape air line other: Sonic water level meter
 Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 80 feet Casing diameter: 4 inches Type of casing: PVC 160
 Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC slotted
 Screen slot size: .016 inches Setting depth: From 80 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 next page*

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

RECEIVED
 JAN 25 2013
 BY: OLWR

The sketch below only required for water wells

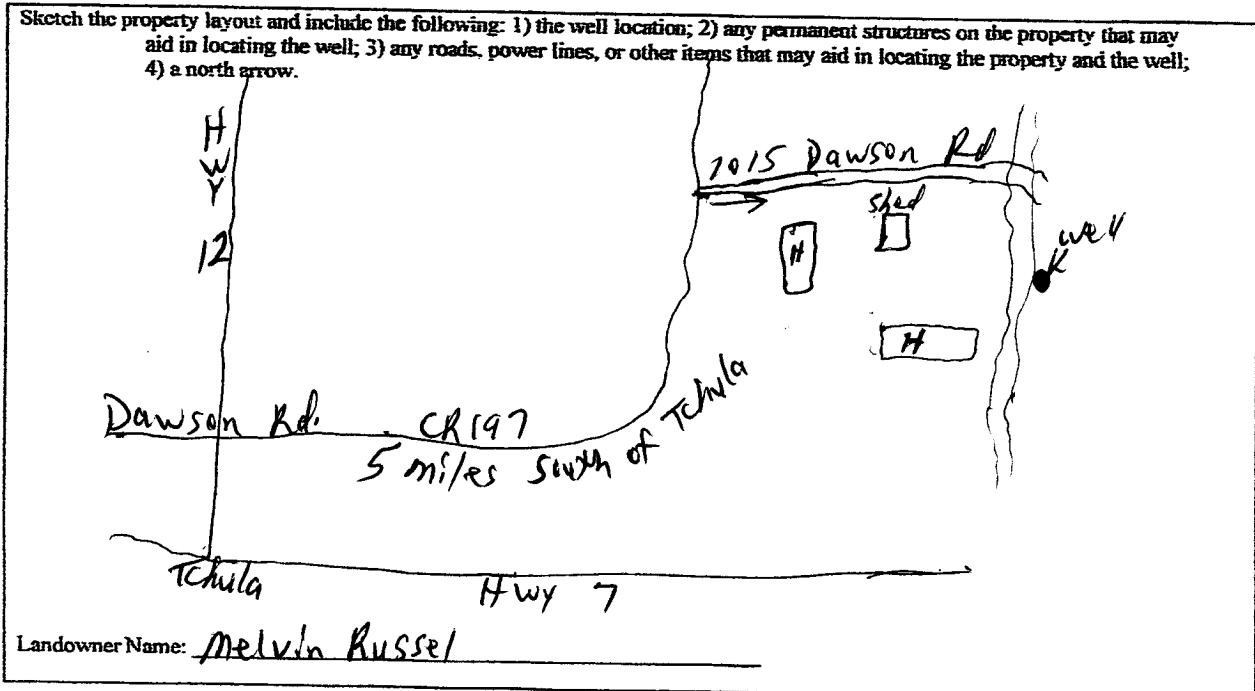
If well telescopes, show depths on sketch.



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	15
Brown sand, little clay	15	20
med. sand	20	40
med. sand	40	60
Coarse sand	60	80
Coarse sand	80	100

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



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

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.

Willie L. Bryant 0-639 1-19-13 Willie L. Bryant
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

RECEIVED
 JAN 25 2013
 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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Holmes
 Permit #: _____
 Driller: Willie Bryant
 Date completed: 1-19-13
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: 592
 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>Melvin Russell</u>	Latitude: <u>33° 8' 36.11" N</u> Longitude: <u>90° 16' 8.78" W</u>
Mailing Address: <u>1015 Dawson Rd.</u> <u>CR 197</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ <u>Hand-held GPS</u> <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Tchula</u> <u>ms</u> <u>39169</u> City State Zip Code	Distance _____ Direction _____ Nearest Town _____ <u>5</u> Miles <u>S</u> of <u>Tchula</u> <u>1015 Dawson Rd. - CR 197</u>
Telephone No. <u>(662) 739-3294</u>	

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3</u>
Date Pump Installed: <u>1-19-13</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>45</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-19-13</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>18</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>28</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded <u>55</u> GPM with a drawdown of
Test Pumping Rate: <u>55</u> Gallons Per Minute	<u>10</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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.

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

Form: OLWR-SWR-1C (07-09)

RECEIVED

JAN 25 2013

BY: OLWR