

County: Holmes
 Permit #: GW-45048/
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 4-12-11

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: K ~~151~~ 151
 Well #: _____
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name <u>Ms. Mudd Inc.</u>	Latitude: <u>33° 09' 14.0"</u> Longitude: <u>90° 12' 17.0"</u>
Mailing Address: <u>184 Bayou Road</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Greenville Ms 38701</u>	USGS quad. <u>(Hand-held GPS)</u> Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>SE</u> ¼ <u>SE</u> ¼ Sec <u>17</u> Twn <u>15N</u> Rng <u>1E</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>2</u> Miles <u>SE</u> of <u>Tchula</u>

Well / Borehole Data

Date drilling started: 4-12-11 Date drilling completed: 4-12-11 Hole depth: 116 Hole diameter: 24"

Location of the source of any surface water used for drilling: Surface Water

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

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: 12 feet above or (below) (circle one) land surface Date measured: _____

Method of Measurement (circle one) (steel tape) electric tape air line other: _____

Well depth: 116 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement (Bentonite) Mix

Casing length: 81 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 35 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: See back inches Setting depth: From _____ feet to _____ feet

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

Other (describe): _____

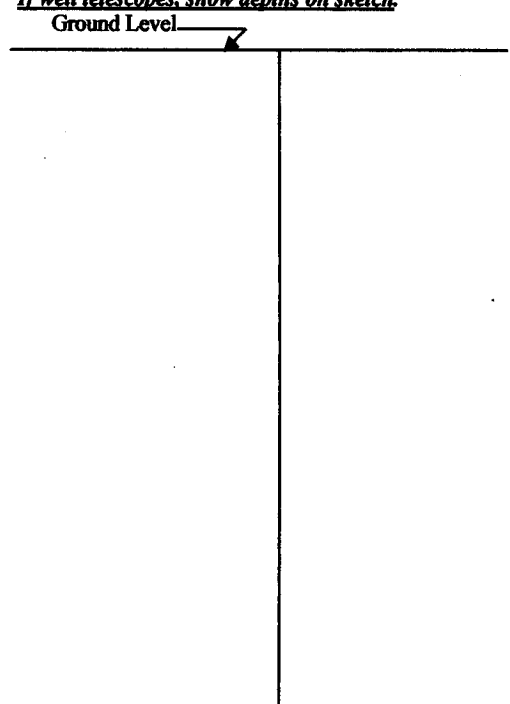
Top of lap pipe or reduction in casing: _____ feet. ***If telescoped or more than one screen, describe on next page***

K151

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)	To (depth)
Clay	Ground Level	77
Medium Sand + Gravel	78	95
Fine Sand + Gravel	96	116
(82-96) 15' .050		
(97-116) 20' .032		

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) a north arrow.

Landowner Name: Ms. Mudd Inc.

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.

Patrick M. Chism 0695

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
(601)961-5210
(601)961-5228 (fax)

County: Holmes
Permit #: GW-45048
Irrigation Equipment
Driller: _____
Date completed: 4-12-11
Copy information from block on Part 1

For Office Use Only:
Aquifer: _____
Well #: K151
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>Ms. Mudd Inc.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>184 Bayou Road</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Greenville Ms. 38701</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ Sec <u>17</u> T <u>15N</u> R <u>1E</u>
Telephone No. () _____	Distance <u>SW</u> <u>SW</u> Direction <u>16</u> Nearest Town <u>Tchula</u>
	<u>2</u> Miles <u>SE</u> of _____

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input 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 checked="" type="checkbox"/>	Electric Motor <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>50</u>
Date Pump Installed: <u>4-12-11</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>2</u>

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

Patrick M. Chism 0695

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


Signature of Pump Installer

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