

County: Humphreys
 Permit #: _____
 Driller: Willie Bryant
 Date drilling completed: 6-10-12

State Well Report
Part I - 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 #: B313
 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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Bobbie Miller</u>	Latitude: <u>33° 15' 20" N</u> Longitude: <u>90° 38' 40" W</u>
Mailing Address: <u>P.O. Box 553</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad: <u>Hand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/>
<u>Isola</u> MS <u>38754</u>	NE ¼ NE ¼ Sec <u>8</u> Twn <u>16 N</u> Rng <u>4 W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 836-9458</u>	<u>3.4</u> Miles <u>S</u> of <u>Isola</u>
	<u>41 Joe Brown Lane</u>

Well / Borehole Data

Date drilling started: 6-10-12 Date drilling completed: 6-10-12 Hole depth: 100' Hole diameter: 6 1/2"

Location of the source of any surface water used for drilling: Nearby 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: 20 feet above or (below) (circle one) land surface Date measured: 6-10-12

Method of Measurement (circle one) steel tape electric tape air line other: water level Reader

Well depth: 100 Well grouted to a depth of 12 feet Type of grout (circle one): Neat Cement (Bentonite) Mix

Casing length: 70 feet Casing diameter: 4 inches Type of casing: PVC 160

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: .016 inches Setting depth: From 70 feet to 100 feet

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

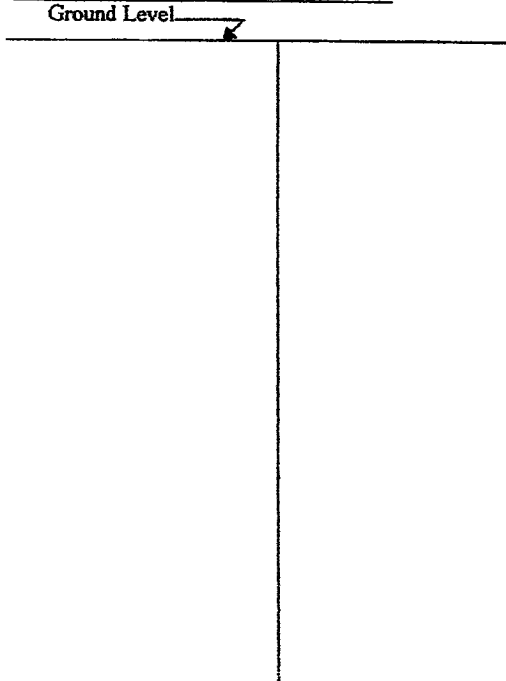
Top of lap pipe or reduction in casing: 0 feet. *If telescoped or more than one screen, describe on next page*

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

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The sketch below only required for water wells

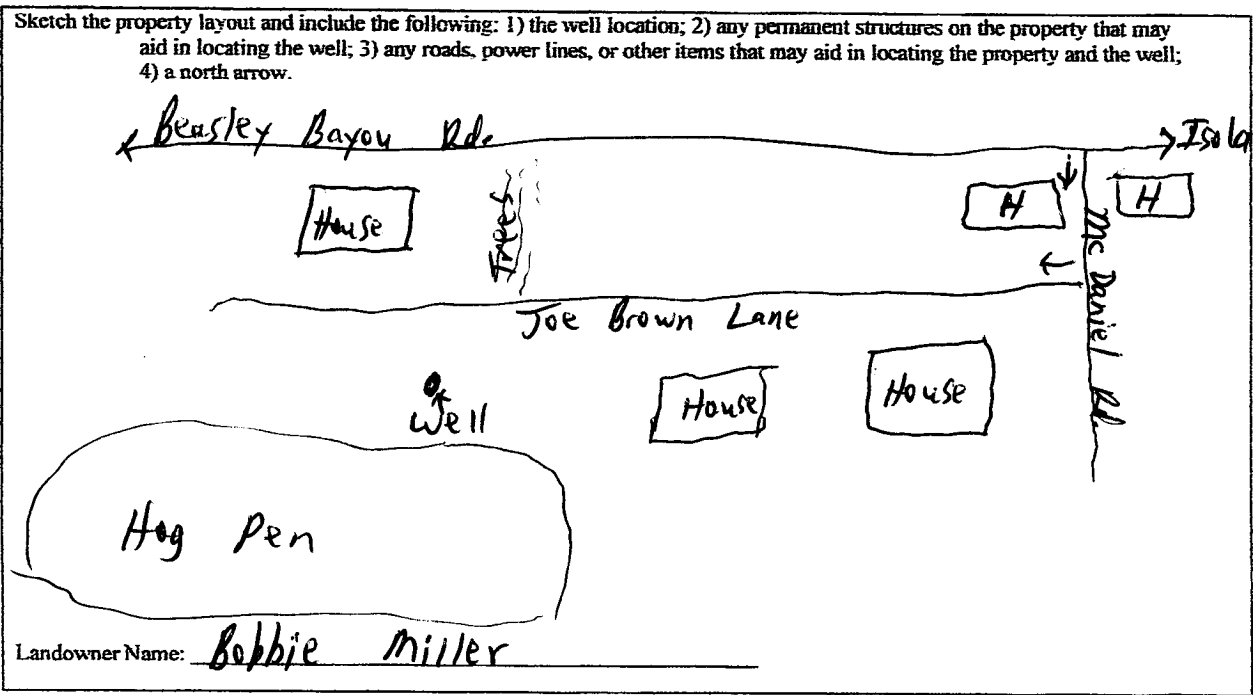
If well telescopes, show depths on sketch.



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 + Brown Sand	Ground Level	20
Brown Sand	20	40
Brown + Med Sand	40	60
gravel	60	80
gravel	80	200

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 6-11-12 Willie L. Bryant
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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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)

County: Humphreys
Permit #:
Driller: Willie Bryant
Date completed: 6-10-12
Copy information from block on Part 1

For Office Use Only:
Aquifer:
Well #: B313
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: Owner Name: Bobbie Miller, Mailing Address: P.O. Box 553, Isoia MS 39754, Telephone No. (662) 836-9458
Well Location: Latitude: 33° 15.20' N, Longitude: 90° 38.40' W, Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, NE 1/4 NE 1/4 Sec 87 T16N R 4W, Distance: 3.4 Miles, Direction: S, Nearest Town: Isoia, Joe Brown Lane

Pump Type: Air Lift, Bucket, Centrifugal, Other (specify):
Power Type: Diesel Engine, Gasoline Engine, Natural Gas, Electric Motor, Hand, Tractor PTO, Windmill, Other (specify):
Date Pump Installed: 6-10-12
Rated Pump Capacity: 90 Gallons Per Minute
Horse Power Rating of Motor: 3
Setting Depth: 60 feet
Number of Stages: 7

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

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

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

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