

County: Humphreys  
 Permit #: GW-44072  
 Driller: Charles M. Nichols  
 Date drilling completed: 5/11/10

**State Well Report**  
**Part 1 - Driller's Log**

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: H 96  
 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><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Parker Farms</u>        Mailing Address: <u>P.O. Box 96</u>  <u>Midnight MS 39115</u>        City State Zip Code        Telephone No. <u>(662) 836-6250</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <sup>33</sup><u>35° 05' 40" N</u> Longitude: <u>90° 37' 00" W</u>        AC CC        Method of Lat/Long (circle one): Conventional Survey,        USGS quad, Hand-held GPS, Survey-grade GPS  <u>NE 1/4 NW 1/4 Sec 04 Twn 14N Rng 04 W</u>        Distance Direction Nearest Town        _____ Miles _____ of _____</p>
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**Well / Borehole Data**

Date drilling started: 5/11/10 Date drilling completed: 5/11/10 Hole depth: 100' Hole diameter: 36"

Location of the source of any surface water used for drilling: \_\_\_\_\_  
 Method of dosing and volume of Chlorine used in drilling and development: HTH

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: 17 feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Well depth: 100' Well grouted to a depth of 10 feet Type of grout (circle one):  Neat Cement  Bentonite  Mix

Casing length: 60 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .035 inches Setting depth: From 60 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: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

B+B Pump

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  
Ground Level X

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
Clay	0	38
Coarse sand + little p.g.f.	38	60
Coarse sand + pebbles	60	70
coarse sand	70	80
Coarse sand + pebbles	80	100
powder sand	100	103

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.

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JUL 07 2010

Landowner Name: Leon Parker

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.

Charles M. Nichols 0067 5-29-10 Charles M. Nichols  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

PP 15 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35

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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 10631  
 Jackson, MS 39206-0631  
 (601)961-3210  
 (601)354-6933 (fax)

For Office Use Only

County: Humphreys  
 Driller: Schuda LTD  
 Date completed: 5-11-2010  
 (See instructions from back of Part 1)

Applnr:  
 Well #: H94  
 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
UNDES. Name: <u>Mr Damon Branswell Sr.</u>	Latitude: <u>090° 37' .00"</u> Longitude: <u>33° 05' .670"</u>
Mailing Address: <u>P.O. Box 662</u>	Method of Lat/Long (check one): <u>Conventional Survey</u>
<u>Belzou MS 39035</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NE 1/4 NW 1/4 Sec C9, T4N, R 11W</u>
Telephone No. (662) <u>247-4326</u>	Distance Direction Nearest Town <u>5 Miles N/W of midnight, MS.</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet: <input checked="" type="checkbox"/> <u>Submersible</u> Reciproc: <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input checked="" type="checkbox"/> <u>Electric Motor</u> Centrifugal: <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Windmill Other (specify): <u>N/A</u>	Diesel Engine: <input type="checkbox"/> Gasoline Engine: <input type="checkbox"/> Natural Gas: <input type="checkbox"/> Hand: <input type="checkbox"/> Tractor PTO: <input type="checkbox"/> Other (specify): <u>N/A</u>
Date Pump Installation: <u>5-12-2010</u>	Horse Power Rating of Motor: <u>30</u>
Rated Pump Capacity: <u>1500</u> Gallons Per Minute	Setting Depth: <u>60</u> feet
	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>N/A</u>	Air Lift: <input checked="" type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> <u>Seal Tap</u>
Static Water Level (A): <u>17</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown (B) - (A): <u>N/A</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	

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

Robert Byars 0-543  
 Print Name of Pump Installer and License No. (if applicable)

Robert Byars  
 Signature of Pump Installer

Form OLWR-SWR-1B