

County: Le flore
 Permit #: _____
 Driller: W. Bryant
 Date drilling completed: 3-31-12

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 #: B137
 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>Sturdivant Bros. Fly.ing Ser</u>	Latitude: <u>34° 48' 08.86" N</u> Longitude: <u>90° 16' 06.73" W</u>
Mailing Address: <u>P.O. Box 209</u> <u>CR 526</u>	Method of Lat/Long (circle one): Conventional Survey, <u>07</u>
<u>Glendora MS 38928</u> City State Zip Code	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No. <u>(662)444-3112</u>	<u>SE 1/4 NW 1/4 Sec 2 Twn 22 N Rng 1 W</u>
	Distance Direction Nearest Town <u>3.2 Miles SE of Glendora MS</u>

Well / Borehole Data

Date drilling started: 3-31-12 Date drilling completed: 3-31-12 Hole depth: 103' 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: Filling Tanks

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 40 feet above or below (circle one) land surface Date measured: 4-1-12

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

Well depth: 103' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 73 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: .013 inches Setting depth: From 73 feet to 103 feet

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

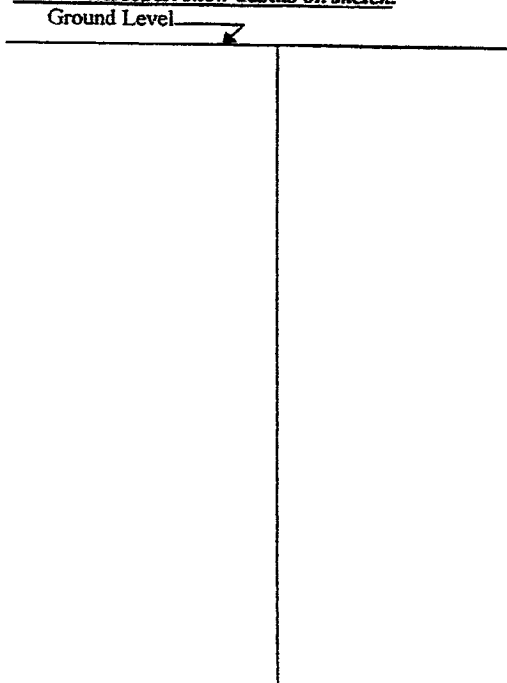
Top of lap pipe or reduction in casing: -0- feet. *If telescoped or more than one screen, describe on next page*

Drilled for: Lockett Pump & Well Service (662) 624-2398
P.O. Box 35
Dublin, MS 38739

Form: OLWR-SWR-1A (04/08)
RECEIVED
 APR 26 2012
 BY: OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch.

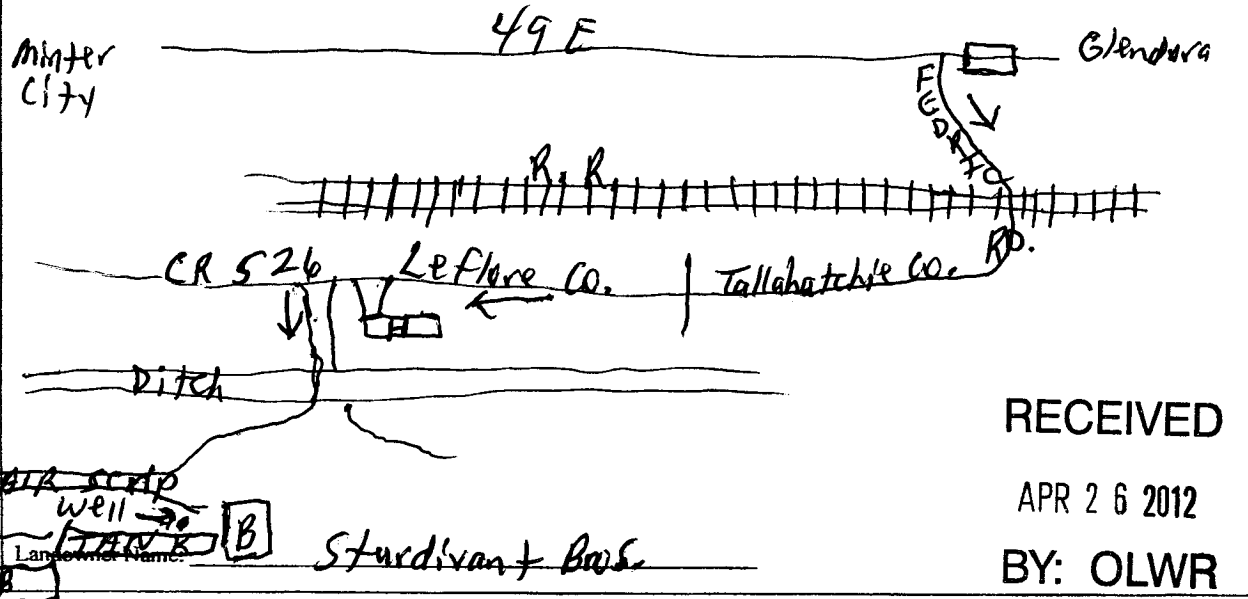


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	20
Clay & fine sand	20	38
fine sand	38	50
Med. & coarse sand	50	60
coarse sand	60	80
coarse sand & gravel	80	100

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.



RECEIVED
 APR 26 2012
 BY: OLWR

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 Bryant 0-639 4-10-12 Willie L. Bryant
 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)

For Office Use Only:

Aquifer: _____
 Well #: B138
 Elevation: _____

County: Leflore

Permit #: _____

Driller: _____

Date completed: 4/5/12

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>Sturdivant Bros Flying Serv</u>	Latitude: <u>33° 48' 08.86N</u> Longitude: <u>90° 16' 06.73W</u>
Mailing Address: <u>POB 209</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>CR 526</u>	USGS quad _____, <u>hand-held GPS</u> , Survey-grade GPS _____
<u>Glendora MS 38928</u>	_____ 1/4 _____ 1/4 Sec <u>2</u> T <u>22N</u> R <u>1W</u>
City State Zip Code	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>(662) 444-3112</u>	<u>3.12</u> Miles <u>SE</u> of <u>Glendora MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	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 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>2</u> _____
Date Pump Installed: <u>4-3-12</u>	Setting Depth: <u>84</u> feet
Rated Pump Capacity: <u>25</u> Gallons Per Minute	Number of Stages: <u>11</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.

Boyd Mitchell RPO - 00000722 Boyd Mitchell
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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