

County Sunflower
 Permit #: GW-45243
 Driller Clearence McMurran
 Date drilling completed: 3-28-12

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2307
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: B135
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Ms. Department of Corrections</u>	Latitude: <u>N 33° 55' 26.76"</u> Longitude: <u>W 90° 31' 09.86"</u>
Mailing Address: <u>510 George St</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Suite 103</u>	USGS quad: <u>NW 1/4 NW 1/4 Sec 28 T4N R12W</u>
<u>Jackson MS 39202</u>	Distance _____ Miles Direction _____ Nearest Town <u>of Parchman Penitentiary</u>
City State Zip Code	
Telephone No. <u>(662) 745-6411</u>	

Well / Borehole Data

Date drilling started: 3-28-12 Date drilling completed: 3-28-12 Hole depth: 126' Hole diameter: 26"

Location of the source of any surface water used for drilling: hauled water in

Method of dosing and volume of Chlorine used in drilling and development: _____

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, ship 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: 46 feet above or below (circle one) land surface Date measured: 4-2-12

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

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

Casing length: 76 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 76 feet to 126 feet

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

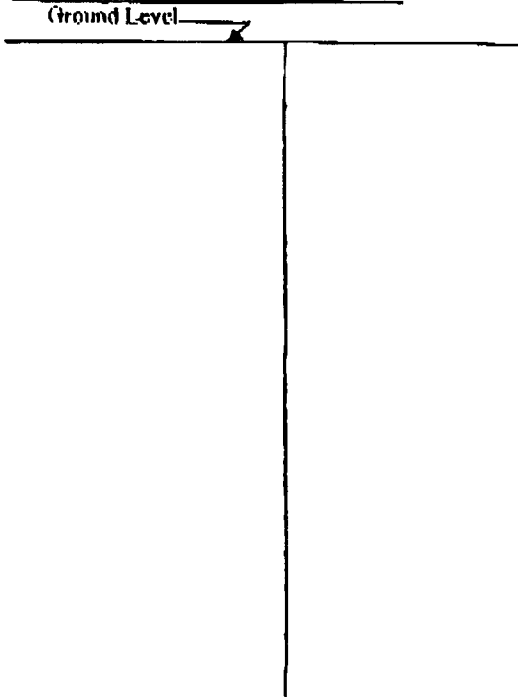
Top of Inp pipe or reduction in casing: N/A feet If telescoped or more than one screen, describe on next page

B/25

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

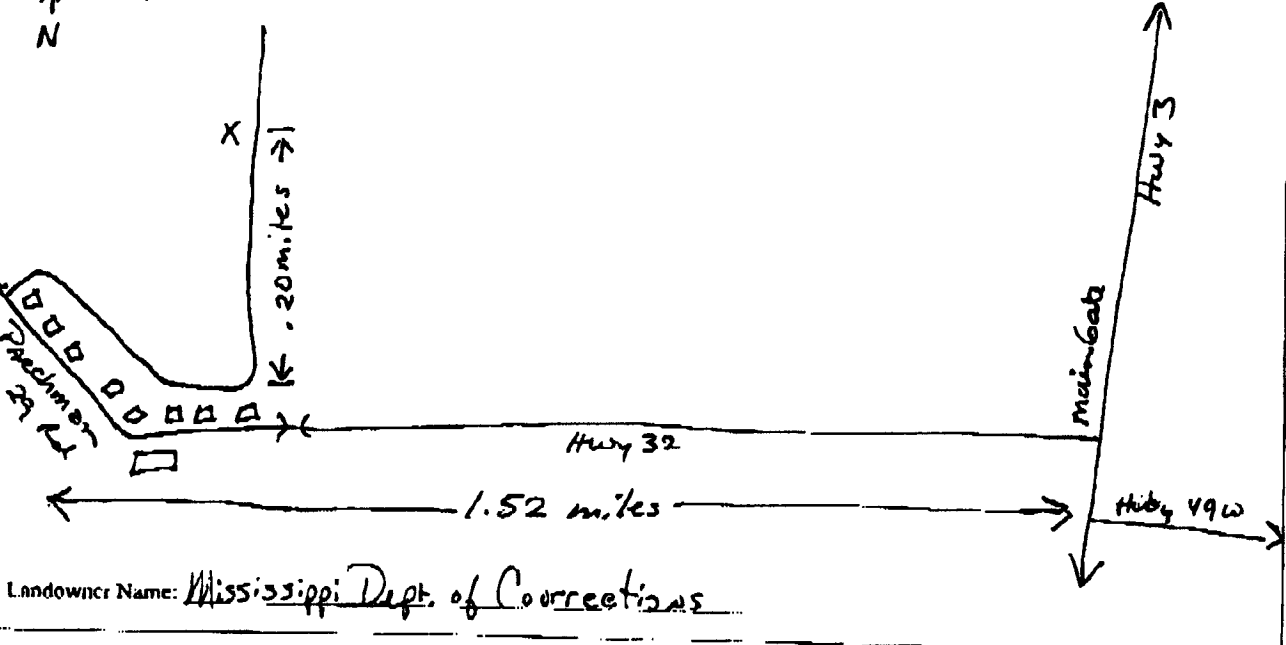
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Clay	(Ground Level)	19
Fine Sand	19	28
Medium Sand & Clay	28	33
Medium Sand & pea gravel	33	39
Medium Sand & pea gravel & clay	39	44
Medium Sand & pea gravel	44	48
Medium/Coarse Sand & gravel	48	67
Coarse Sand & gravel	67	101
Medium Sand	101	106
Coarse Sand & gravel	106	114
Medium Sand & pea gravel	114	126

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



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.

Clayton Miller 0-703 4-3-12 Clayton Miller
 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 #: B125
 Elevation: _____

County: Sunflow-co
 Permit #: GW-45243
 Driller: John Rybolt IV
 Date completed: 4-2-12
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>MS Department of Correction</u>	Latitude: <u>N33°55'26.96"</u> Longitude: <u>W90°31'03.86"</u>
Mailing Address: <u>510 George St</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Suite 103</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Jackson MS 39202</u>	_____ 1/4 _____ 1/4 Sec <u>28</u> T <u>24N</u> R <u>03W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 745-6611</u>	_____ Miles _____ <u>Paducah Penitentiary</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): <u>Gas Drive</u>
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>4-2-12</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NOT TESTED</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>46</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured static head: <u>N/A</u> feet
Drawdown ((B) - (A)): <u>N/A</u> Feet Below Land Surface	Well yielded <u>N/A</u> 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.

Clayton Miller 0-703 Clayton Miller
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer