County Sunflower
Permit #. GW-46253 ✓
Driller. Clarence McMurry
Date drilling completed 5-11-12

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: ____
Well #: B 129
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)

Owner Name MS. Dept. of Corrections
Mailing Address: P.O. Box 639
Parchman MS 38738
City State Zip Code
Telephone No. (662) 545-6611

Well or Borehole Location

Latitude: N33 ° 54 ' 39 " Longitude: 90 ° 31 ' 50 "
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
NE ¼ NW ¼ Sec 32 ✓ Twn 24N ✓ Rng 03W
Distance 2 Miles Direction West of Nearest Town Parchman
#1566

Well / Borehole Data

Date drilling started: 5-11-12 Date drilling completed: 5-11-12 Hole depth: 126' Hole diameter: 26"

Location of the source of any surface water used for drilling: hauled water from nearby pond
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, 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: 43 feet above or below (circle one) land surface Date measured 5-12-12

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

Well depth: 126' 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 ____ 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: N/A feet. ***If telescoped or more than one screen, describe on next page***

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

B129

The sketch below only required for water wells

If well telescopes, show depths on sketch

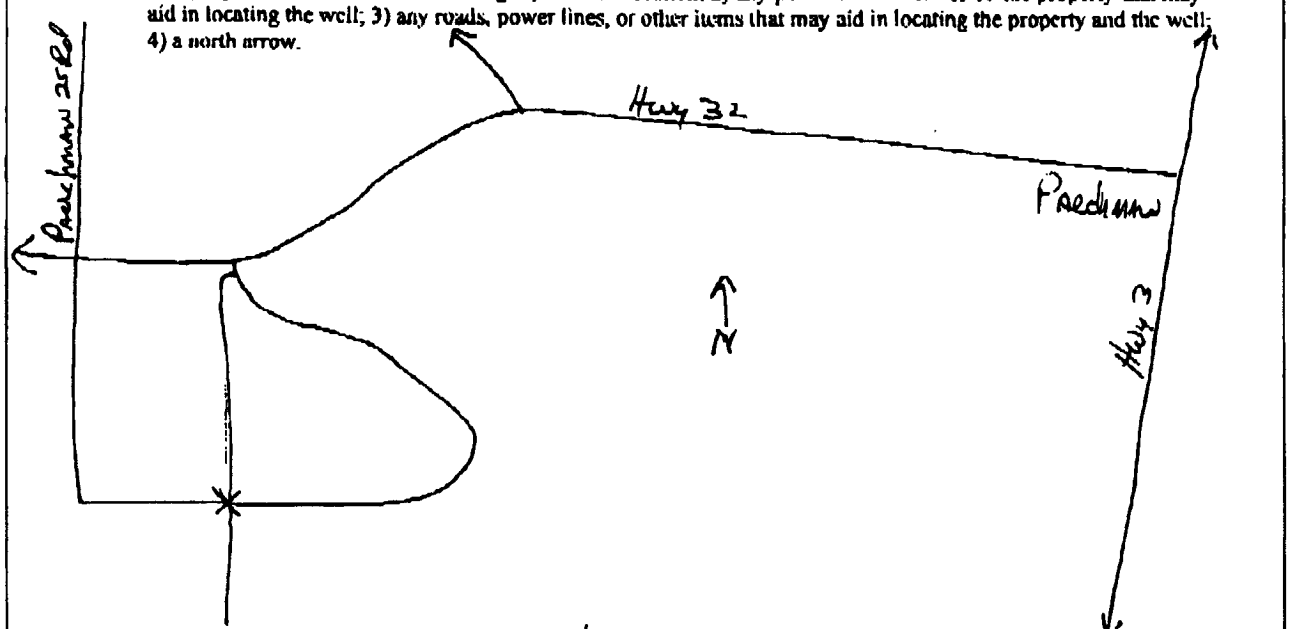
Ground Level

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)
Top Soil Sand	Ground Level	19
Fine Sand	19	28
Medium Sand & pea gravel	28	33
Medium Coarse Sand & pea gravel	33	51
Medium Sand & pea gravel	51	68
Fine Sand	68	71
Medium Coarse Sand & gravel	71	89
Coarse Sand & gravel	89	97
Clay	97	102
Coarse Sand & gravel	102	109
Coarse Sand & gravel w/ Clay	109	113
Coarse Sand & gravel	113	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.



Landowner Name: MS Dept of Corrections

Form: OI.WR-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 0703 5/14/12 Clayton Miller

Print Name of Responsible Licensee and License No. **Date** **Signature of Licensee**

County Sunflower
Permit # BW-46253
Driller John Rybolt IV
Date completed 5-12-12
Copy information from block on Part 1

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 #: B129
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: MS Dept. of Corrections
Mailing Address: P.O. Box 639
Parchman MS 38738
City State Zip Code
Telephone No. (662) 545-6611

Well Location
Latitude: N33° 54' 39" Longitude: W90° 31' 50"
Method of Lat/Long (check one): Conventional Survey ___, USGS quad ___, Hand-held GPS ✓ Survey-grade GPS ___
___ ¼ ___ ¼ Sec 32 T24N R03W
Distance 2 Miles Direction West Nearest Town of Parchman

Pump Type
Circle one

Air Lift	Jet	Submersible
Bucket	Piston	Turbine
Centrifugal	Rotary	Flowing Well

Other (specify):
Date Pump Installed: 5-12-12
Rated Pump Capacity: ___ Gallons Per Minute

Power Type
Circle one

Diesel Engine	Gasoline Engine	Natural Gas
Electric Motor	Hand	Tractor PTO
Windmill	Other (specify): Gear Drive	

Horse Power Rating of Motor: 125
Setting Depth: 90 feet
Number of Stages: 6
Customer's Gear Drive

Pump Test Data
Date Well Tested: NOT TESTED
Static Water Level (A): 40 Feet Below Land Surface
Pumping Water Level (B): N/A Feet Below Land Surface
Drawdown [(B) – (A)]: N/A Feet Below Land Surface
Test Pumping Rate: N/A Gallons Per Minute
Duration of Pump Test (minimum 4 hours): N/A hours

Method of Measuring Water Level
Circle one
Air Line | Electric Measuring Line | Steel Tape
Other (specify):
For flowing well, measured shut in head: N/A 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.
Clayton Miller 8-703
Print Name of Pump Installer and License No. (if applicable)
Clayton Miller
Signature of Pump Installer

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