

County: Sunflower
 Permit #: GW-45305
 Driller: Clarence McMurry
 Date drilling completed: 6-10-11

State Well Report
Part I 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: C 119
 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>Rives Neblett</u>	Latitude: <u>N33° 50' 20.76"</u> Longitude: <u>W90° 36' 57.54"</u>
Mailing Address: <u>P.O. Box 63</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Shelby</u> <u>MS</u> <u>38774</u> City State Zip Code	USGS qual. <u>Hand-held GPS</u> Survey-grade GPS / NW 1/4 NE 1/4 Sec <u>28</u> Twp <u>23N</u> Rng <u>4W</u>
Telephone No. <u>(662) 398-5121</u>	Distance Direction Nearest Town <u>5.5</u> Miles <u>NW</u> of <u>Drew</u>

Well / Borehole Data

Date drilling started: 6-10-11 Date drilling completed: 6-10-11 Hole depth: 125' Hole diameter: 26"

Location of the source of any surface water used for drilling: Ditch 1/2 mile away

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: 46 feet above or below (circle one) land surface Date measured: 6-13-11

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

Well depth: 112' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 62 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: 0.50 inches Setting depth From 62 feet to 112 feet

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

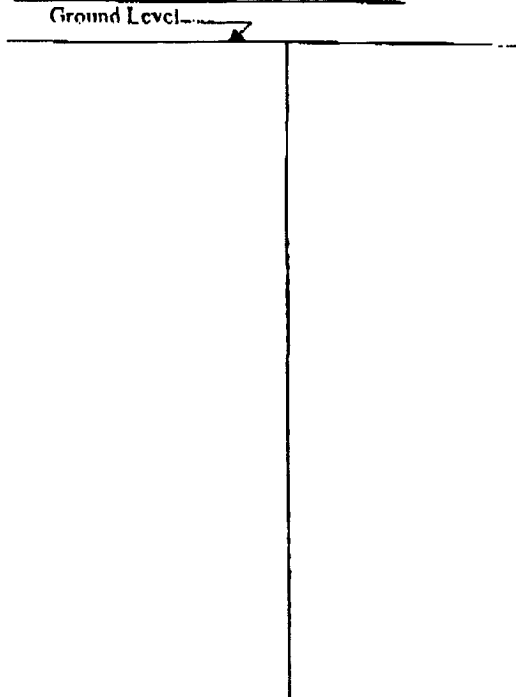
Top of top pipe or reduction in casing: N/A feet *If telescoped or more than one screen, describe on next page*

C117

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

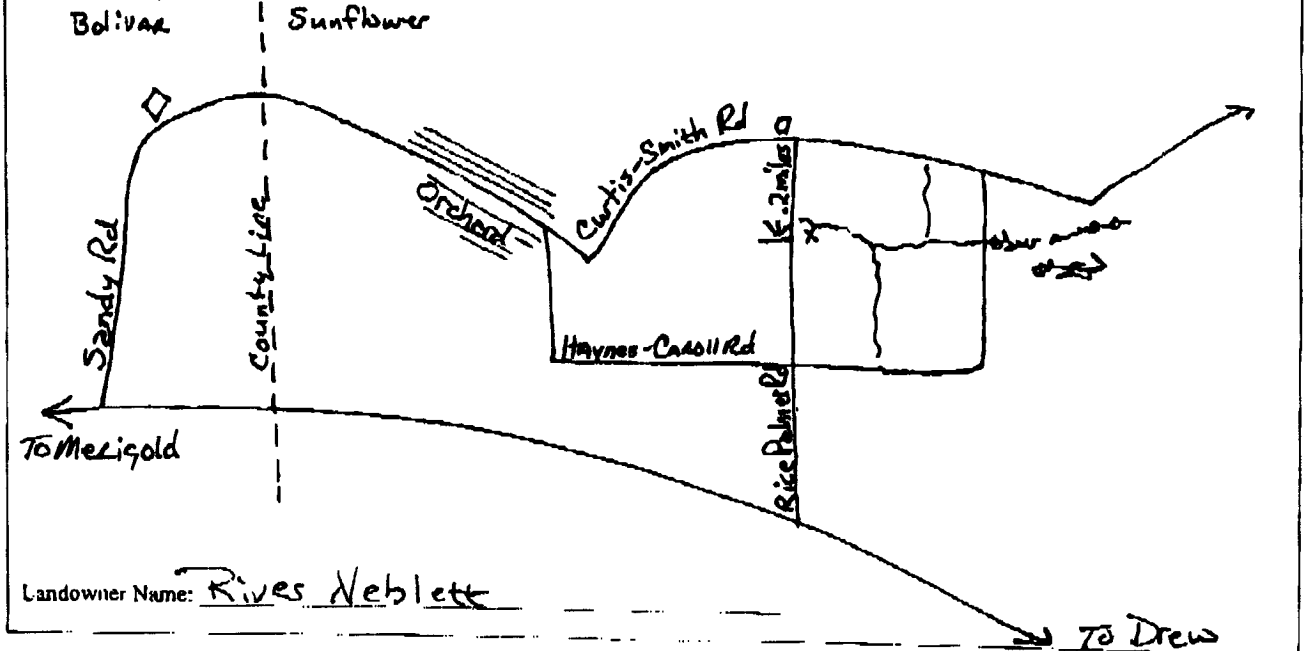
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
CLAY	Ground Level	28
CLAY & Fine Sand	28	39
Medium Sand	39	58
Fine Sand	58	61
Medium Sand	61	69
Medium Coarse Sand & Pea Gravel	69	93
Coarse Sand & Pea Gravel	93	102
Medium Sand Gravel/Clay	102	125

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



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 6-22-11 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)961-3228 (fax)

County: Sunflower
 Permit #: GW-45305
 Driller: David Crenady
 Date completed: 6-13-11
 Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: C117
 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
Owner Name: <u>River Neblett</u>	Latitude: <u>N33° 50' 20.26"</u> Longitude: <u>W90° 36' 52.34"</u>
Mailing Address: <u>P.O. Box 63</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Shelby</u> <u>MS</u> <u>38774</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec. _____ T _____ R _____
Telephone No. <u>(662) 398-5121</u>	Distance Direction Nearest Town
	<u>5.5</u> Miles <u>NW</u> of <u>Drew</u>

Pump Type
 Circle one

Air Lift	Jet	Submersible
Bucket	Piston	<u>Turbine</u>
Centrifugal	Rotary	Flowing Well

Other (specify): _____
 Date Pump Installed: 6-13-11
 Rated Pump Capacity: _____ Gallons Per Minute

Power Type
 Circle one

Diesel Engine	Gasoline Engine	Natural Gas
Electric Motor	Hand	Tractor PTO
Windmill	Other (specify): <u>Gen Drive</u>	

Motor Power Rating of Motor: 60
 Setting Depth 70 feet
 Number of Stages: 1

Pump Test Data

Date Well Tested: NOT TESTED

Static Water Level (A): 46 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

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

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

Clayton Miller
 Signature of Pump Installer