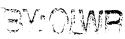
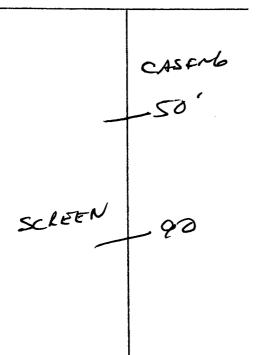
Laise Pe	umis \$2	
Sur Clauser	ell Report	
County: BOLIVAVE Pa	Part 1	
Mississippi Department	Mississippi Department of Environmental Quality	
	Office of Land and Water Resources P.O. Box 10631	
Jackson, M	Jackson, MS 39289-0631 (601)961-5210	
	961-5210 1-6938 (fax)	E-log #:
(001)534	-0956 (Iax)	L-10g #
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	driller in detail and filed	with the Department within
Well Owner Information	We	ell Location
Owner Name Sunflower County Farms	Latitude: 33 . 53 . 10	" Longitude: 20 . 38 . 02."
Mailing Address: 90 Leslie Pennix	Method of Lat/Long (circle	one): Conventional Survey,
305 Fairway Thace Dr.		ld GPS) Survey-grade GPS
Hernando m3 38632		V Twn 23N Kng. 41
City State Zip Code	SE SW Distance Direction	Nearest Town
Telephone No. ()	2 Miles EAST	of MOUND BAYON
Well	l	
Purpose of Well (circle one) Home Industrial Public Supply		
Date well drilling started: $6 - 7 - 10$ Date	well drilling completed:	-7-10
If flowing, method of flow regulation: Valve Other (o	lescribe)	
Static Water Level:feet above or below (circle one)	land surface Date measured	1:
Method of Measurement (circle one) steel tape electric tape	e air line other:	
Hole depth: 93 Well depth: 90		ffeet
Type of grout (circle one): Cement Rentonite Mix		•
Casing length: 50 feet Casing diameter: 16	inches Type of casing:	Pre
Screen length: 40 feet Screen diameter: 14	inches Type of screen:	Pvc
· · · · · · · · · · · · · · · · · · ·		
Screen slot size:inches Setting depth: From	50 feet to	<u>70</u> feet
Type of completion (circle all applicable): Gravel packed Under	rreamed Telescoped Op	en hole Natural Development
Other (describe):		
Top of lap pipe or reduction in casing:feet. If t	elescoped or more than one	screen, describe on back of page
Logs run (circle all applicable): No log run Electric Gamma Ray	y Density Sonic Neutron	Other:
Name of organization running log(s):		
Department of Environmental Quality and/or the Mississippi De	epartment of Health regulation	ons and state laws.
JOHN NONCONE 0-773	Jol	New
Print Name of Water Well Contractor and License No.	Signatur	e of Water Well Contractor
I certify that the well was drilled, constructed, and completed in Department of Environmental Quality and/or the Mississippi De Jown Newcome 0-773	epartment of Health regulation	ons and state laws.

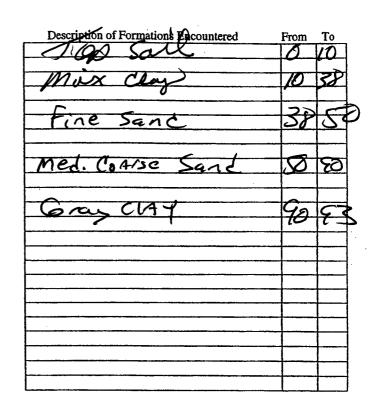
AUG 1 3 2010



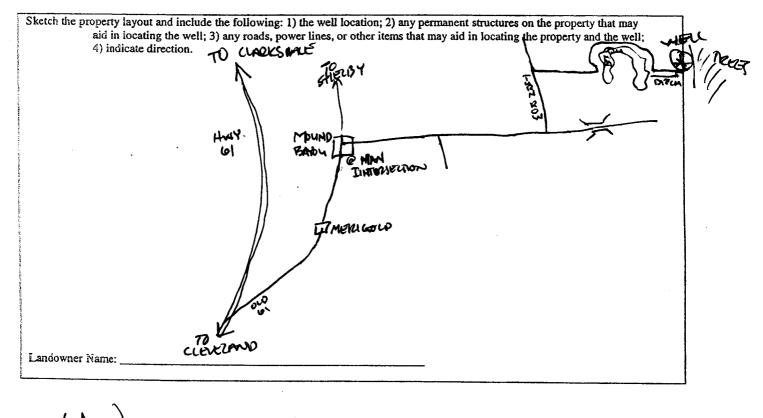
If well telescopes please sketch below and show depths.

Ground Level





If more than one screen, show location of each on sketch



Signature of Water Well Contractor

Sunflower STATI	E WELL REPORT
County: Betwar Pamp In	Part 2 For Office Use Only:
	matter of Environmental Onality
Permit #: $\frac{6004409}{00000000000000000000000000000000$	f Land and Water Resources
Driller J. Newcome 0.773	P.O. Box 10631 ckson, MS 39289-0631 Well# C122
	ckson, MS 39289-0631 Well #: Cl & 2 (601)961-5210
Date completed:	(601)354-6938 (fax) Elevation:
This report should be prepared by the nump installer	in detail and filed with the Department within 30 days of the
instantiation of parson.	
Well Owner Information	Well Location
Dwner Name: Sunflowce County Fa	Latitude: 33 53 10 Longitude: 90 38 02
Mailing Address: 1/2 Leslic Pennix	Method of Lat/Long (circle one): Conventional Survey,
305 Fairway Trace 2	USGS quad Hand-held GPS Survey-grade GPS
Hernando ms 3863	NIZ CLU DO OUT
City State Zip Code	
· ·	Distance Direction Direction Nearest Town
Telephone No. ()	NO E Mand Dal
	- <u>Miles</u> of Marna Baye
Pump Type Circle one	Power Type
	Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify):
Other (specify):	
	Horse Power Rating of Motor:
Date Pump Installed: <u>6-7-10</u>	Setting Depth:
Rated Pump Capacity: 3000 Gallons Per Min	
Pump Test Data	Method of Measuring Water Level
	Circle one
Date Weil Tested:	Air Line Electric Measuring Line Steel Tape
Static Water Level (A):Feet Below Land Sur	face
,	Other (specify)
Pumping Water Level (B):Feet Below Land Surf	face
Drawdown [(B) - (A)]: Peet Below Land Sur	face For flowing well, measured shut in head:feet
Test Pumping Rate:Gallons Per Mir	aute - Well yielded GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):ho	hours feet after hours of pumping
	*
I HEREBY CERTIFY that the above statements are true to t	the best of my knowledge.
Con Kowe 0-7/11	Γ () h Ω) ~
Print Name of Perap Installer and License No. (if applicable	Signature of Pump Installer
	AUG 192
	AUG 1 9 2

• •