

County: Sunflower
 Permit #: _____
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 11-14-09

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: D 126
 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)
 Owner Name Linda Watson
 Mailing Address: 101 Webster-Watson Rd
Drew Ms. 38737
 City State Zip Code
 Telephone No. () _____

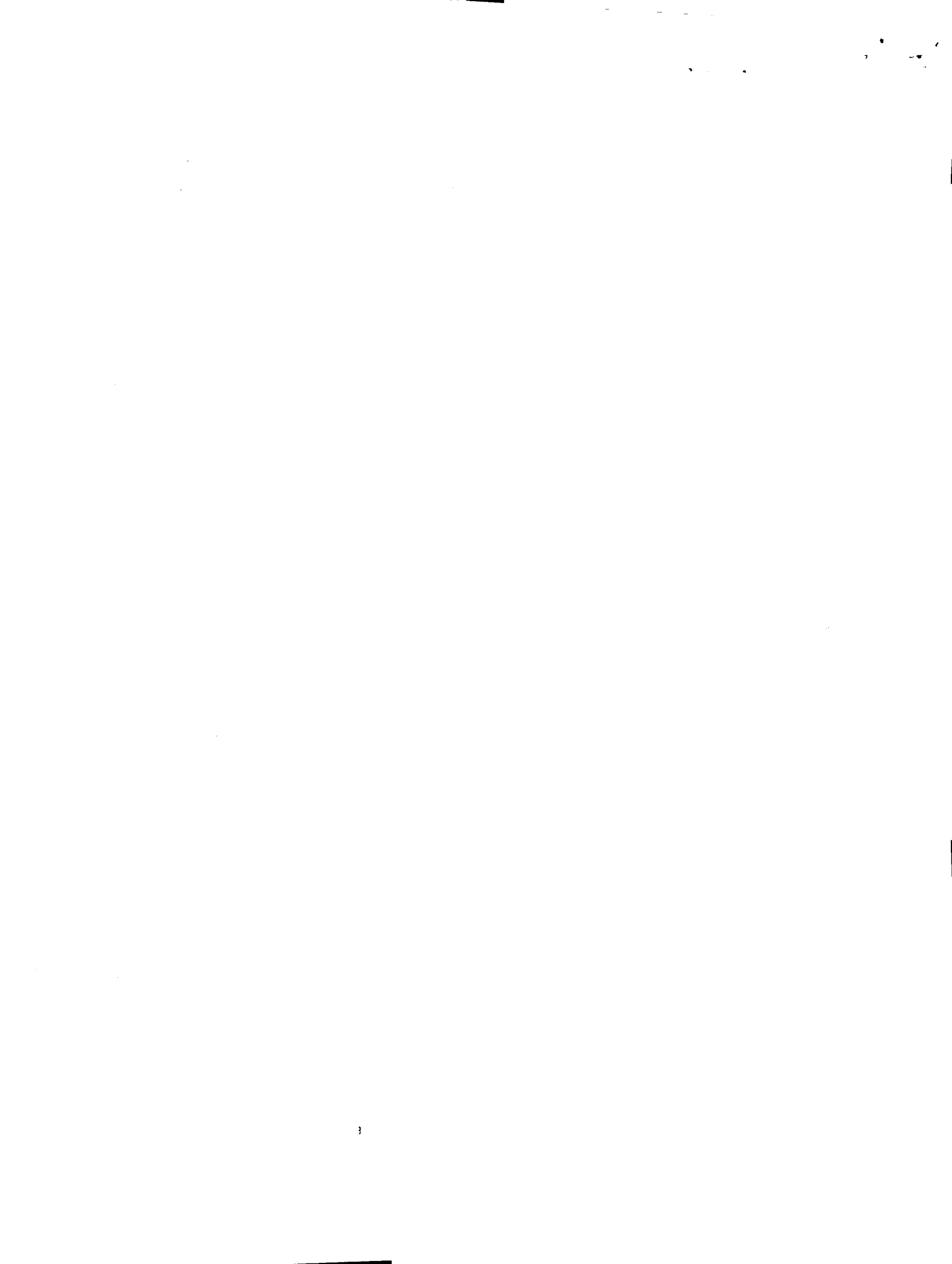
Well or Borehole Location
 Latitude: 33.53.22 Longitude: 90.29.42
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad, Hand-held GPS, Survey-grade GPS
NE 1/4 SW 1/4 Sec 3 Twn 23N Rng 3W
 Distance Direction Nearest Town
3 Miles S of Parchman

Well / Borehole Data
 Date drilling started: 11-14-09 Date drilling completed: 11-14-09 Hole depth: 125 Hole diameter: 20"
 Location of the source of any surface water used for drilling: Surface water
 Method of dosing and volume of Chlorine used in drilling and development: 50 ppm
 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 X 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: _____ feet above of (below) (circle one) land surface Date measured: _____
 Method of Measurement (circle one) (steel tape) electric tape air line other: _____
 Well depth: 125 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement (Bentonite) Mix
 Casing length: 85 feet Casing diameter: 12 inches Type of casing: PVC
 Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC
 Screen slot size: .050 inches Setting depth: From 86 feet to 125 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: _____ feet. *If telescoped or more than one screen, describe on next page*

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

RESERVED
 OCT 2009
 BY: CLAR





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)

County: Sunflower
 Permit #: _____
Irrigation Equipment
 Driller: _____
 Date completed: 11-14-09
Conv information from block on Part 1

For Office Use Only:

Aquifer: D126
 Well #: _____
 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>Linda Watson</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>101 Webster Watson Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
_____	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Drew MS 38737</u>	<u>NE 1/4 SW 1/4 Sec 3 T 23N R 3W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. () _____	<u>3 Miles S of Parchman</u>

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: <u>30</u>
Date Pump Installed: _____	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1400 ±</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
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	

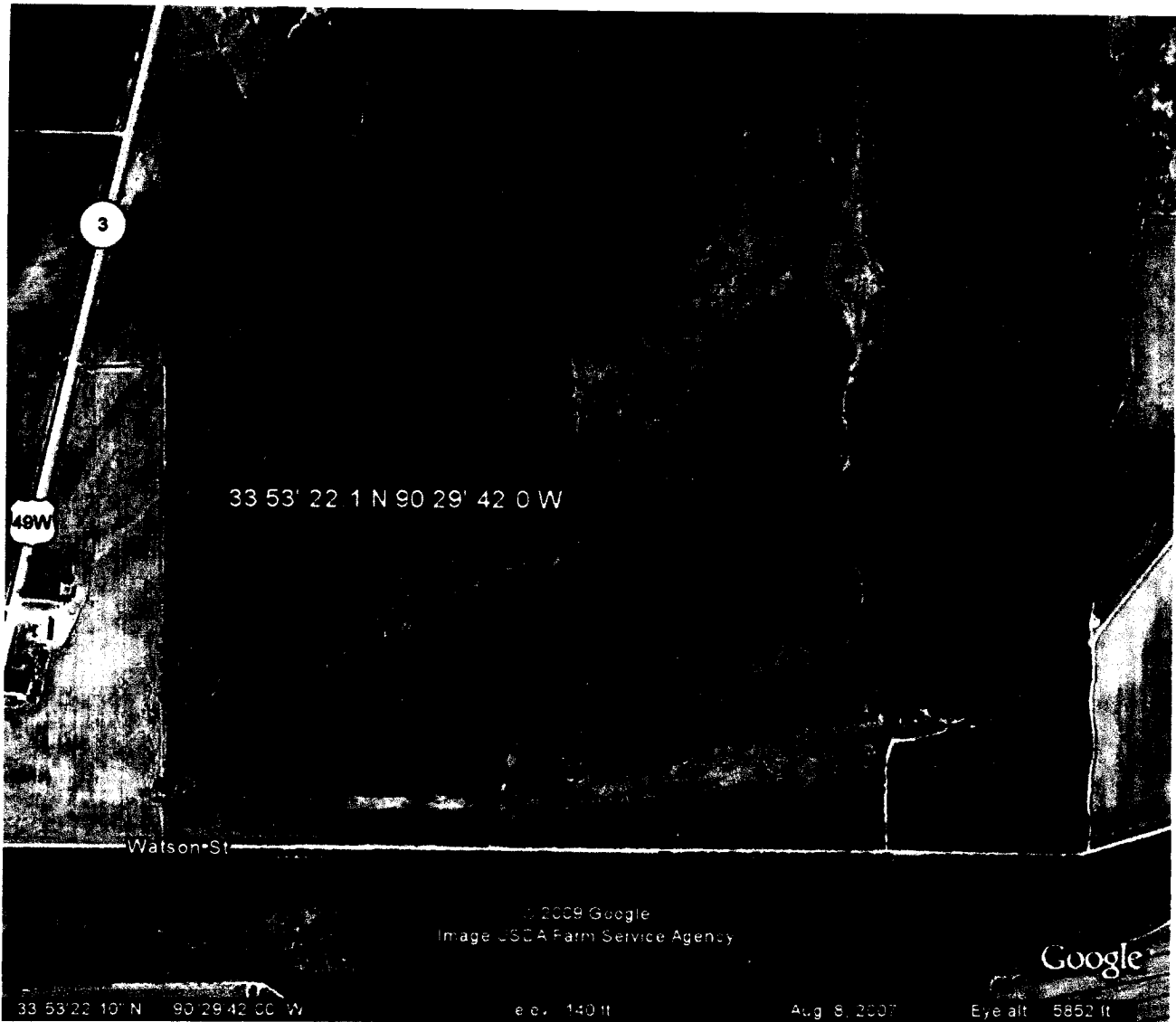
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

John P. Chism 0439
 Print Name of Pump Installer and License No. (if applicable)


 Signature of Pump Installer

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

Note: Pump information provided, has not been installed.



D12C

RECEIVED
DEC 8 8 2009
BY: OLWA