

County: Sunflower
 Permit #: GW-44370
 Irrigation Equipment
 Date drilling completed: 6-24-10

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)961-5225 (fax)

For Office Use Only:
 Aquifer: D133
 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 <i>(Landowner if borehole is not for a water well)</i> | Well or Borehole Location |
|---|---|
| Owner Name: <u>Buddy Weeks</u> | Latitude: <u>33.48.45.1</u> Longitude: <u>90.32.39.6</u> |
| Mailing Address: <u>321 Shelby Dr.</u> | Method of Lat/Long (circle one): Conventional Survey |
| <u>Drew</u> <u>Ms.</u> <u>38737</u> | USGS quad: <u>Hand-held GPS</u> Survey-grade GPS |
| City State Zip Code | <u>SW 1/4 SE 1/4 Sec 31</u> <u>Twn 23N</u> <u>Rng 3W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town _____ Miles _____ of <u>Drew</u> |

Well / Borehole Data

Date drilling started: 6-24-10 Date drilling completed: 6-24-10 Hole depth: 117 Hole diameter: 18"

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 Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____

Seismic Survey _____ Other (describe) _____

If drilling is not related to water well construction, strike the remainder of this block.

Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation Fish Culture _____ Other: Replacement

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 45 feet above or below (circle one) land surface Date measured: 6-25-10

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

Well depth: 117 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bestonite Mix

Casing length: 87 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .032 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: _____ feet. *If telescoped or more than one screen, describe on next page*

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

RECEIVED
 JUL 17 2010
 342407

County: Sunflower
 Permit #: GW-44370
 Irrigation Equipment
 Date completed: 6-24-10
 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: D133
 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>Buddy Weeks</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>321 Shelby Dr.</u> | Method of Lat/Long (check one): Conventional Survey _____ |
| <u>Drew</u> <u>Ms.</u> <u>38737</u> | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| City State Zip Code | <u>SW 1/4 SE 1/4 Sec 31 T23N R 3W</u> |
| Telephone No. () _____ | Distance _____ Miles Direction _____ of Nearest Town <u>Drew</u> |

| Pump Type Circle one | Power Type Circle one |
|--|--|
| Air Lift <input type="checkbox"/> | Diesel Engine <input type="checkbox"/> |
| Jet <input checked="" type="checkbox"/> <u>Submersible</u> | Gasoline Engine <input type="checkbox"/> |
| Bucket <input type="checkbox"/> | Electric Motor <input checked="" type="checkbox"/> <u>Hand</u> |
| Centrifugal <input type="checkbox"/> | Tractor PTO <input type="checkbox"/> |
| Rotary <input type="checkbox"/> | Windmill <input type="checkbox"/> |
| Flowing Well <input type="checkbox"/> | Other (specify): _____ |
| Other (specify): _____ | Home Power Rating of Motor: <u>15</u> |
| Date Pump Installed: <u>6-25-10</u> | Setting Depth: <u>80</u> feet |
| Rated Pump Capacity: <u>750±</u> Gallons Per Minute | Number of Stages: <u>1</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: _____ | Air Line <input type="checkbox"/> |
| Static Water Level (A): _____ Feet Below Land Surface | Electric Measuring Line <input checked="" type="checkbox"/> |
| Pumping Water Level (B): _____ Feet Below Land Surface | Steel Tape <input type="checkbox"/> |
| Drawdown [(B) - (A)]: _____ Feet Below Land Surface | Other (specify): _____ |
| Test Pumping Rate: _____ Gallons Per Minute | For flowing well, measured shut in head: _____ feet |
| Duration of Pump Test (minimum 4 hours): _____ hours | 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.
Patrick M Chism 0695
 Print Name of Pump Installer and License No. (if applicable) [Signature]
 Signature of Pump Installer

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

RECEIVED
 JUN 28 2010
 ENVOIR