

County: Sunflower
 Permit #: GW-45445-V
 Driller: Clarence McMurry
 Date drilling completed: 8-15-11

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: D138
 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: Larry DePriest
 Mailing Address: 7240 Craft Goodman Rd
Olive Branch MS 38654
 City State Zip Code
 Telephone No. (901) 734-2403

Well or Borehole Location

Latitude: 33° 51' 29" Longitude: 90° 28' 24"
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad Hand-held GPS Survey-grade GPS
SW 1/4 Sec 14 Twn 23 N Rng 03 W
 Distance Direction Nearest Town
4.42 Miles ENE of Drew

Well / Borehole Data

Date drilling started: 8-15-11 Date drilling completed: 8-15-11 Hole depth: 124' Hole diameter: 26"
 Location of the source of any surface water used for drilling: near by ditch
 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: 42' feet above or ~~below~~ (circle one) land surface Date measured: 8-16-11
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 124' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 77 feet Casing diameter: 16 inches Type of casing: PVC
 Screen length: 47 feet Screen diameter: 16 inches Type of screen: PVC
 Screen slot size: .050 inches Setting depth: From 77 feet to 124 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*

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 #: GW-45445
 Driller: Michzel Wells
 Date completed: 8-16-11
 Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: D138
 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>Larry DePriest</u>	Latitude: <u>33°51'29"</u> Longitude: <u>90°28'24"</u>
Mailing Address: <u>7240 Craft Goodman Rd</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Oliver Branch MS 38654</u> City State Zip Code	1/4 Sec: <u>14 T 22N R 03W</u>
Telephone No. <u>(901) 734-2403</u>	Distance Direction Nearest Town <u>4.42 Miles NE of Drew</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): <u>Gear Drive</u>
Other (specify): _____	Horse Power Rating of Motor: <u>600</u>
Date Pump Installed: <u>8-16-11</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>Not Tested</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>47</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown ((B) (A)): <u>N/A</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	

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