

State Well Report

Part 1

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: E-127
 L. S. Elevation: _____
 E-log #: _____

County: Sunflower
 Permit #: _____
 Driller: Willie L. Bryant
 Date drilling completed: _____

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

| Well Owner Information | Well Location |
|--|--|
| Owner Name: <u>William Fonville</u> | Latitude: <u>33° 44' 58" N</u> Longitude: <u>090° 34' 41" W</u> |
| Mailing Address: <u>147-A Drew - Ruleville Rd.</u> | Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, <u>24</u> |
| <u>Ruleville</u> MS <u>38771</u> | USGS quad, <u>Hand-held GPS</u> Survey-grade GPS |
| City State Zip Code | <u>1/4</u> <u>1/4</u> Sec <u>26</u> Twn <u>22N</u> Rng <u>4W</u> |
| Telephone No. <u>(662) 756-2018</u> | Distance Direction Nearest Town <u>1.9</u> Miles <u>NE</u> of <u>Ruleville</u> <u>DREW - RULEVILLE RD.</u> |

Well Data

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

Date well drilling started: 5-1-08 Date well drilling completed: 5-1-08

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

Static Water Level: 25' feet above or below (circle one) land surface Date measured: 5-4-08

Method of Measurement (circle one) steel tape electric tape air line other: Rope & weight

Hole depth: 100' Well depth: 100' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 90 feet Casing diameter: 4 inches Type of casing: PVC 160

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: .013 inches Setting depth: From 90 feet to 100 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: 0 feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Willie L. Bryant 0-639
 Print Name of Water Well Contractor and License No.

Willie L. Bryant
 Signature of Water Well Contractor

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E-127

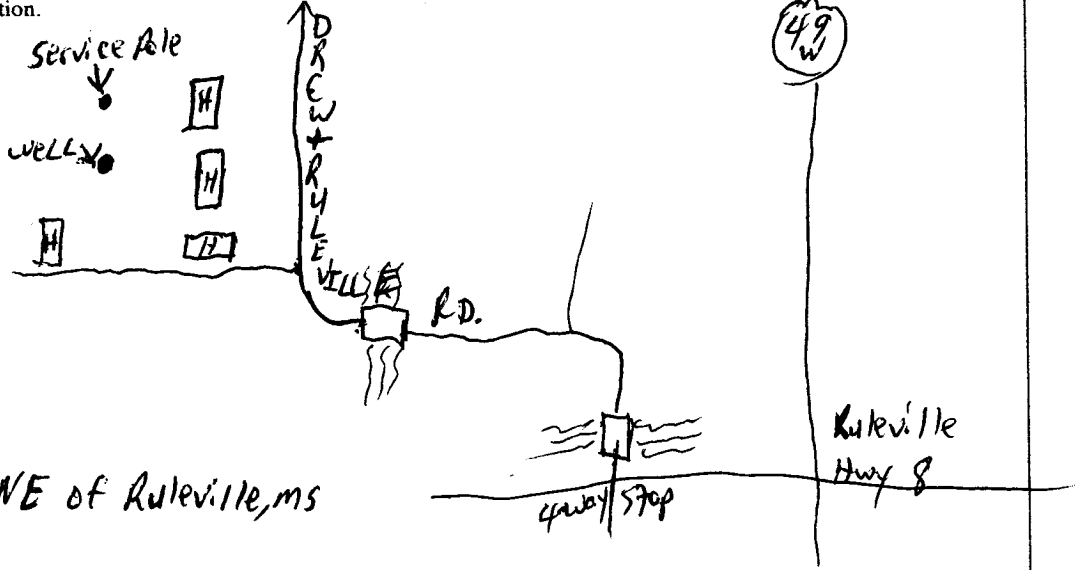
If well telescopes please sketch below and show depths.

Ground Level

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Clay & Brown sand | 0 | 20 |
| Brown sand | 20 | 40 |
| Fine & med sand | 40 | 60 |
| Coarse sand | 60 | 80 |
| Coarse sand & gravel | 80 | 100 |
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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) indicate direction.



Landowner Name: Issac Watson

Walde L. Bryant
 Signature of Water Well Contractor

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: E-127

Elevation: _____

County: Sunflower

Permit #: _____

Driller: Willie L. Bryant

Date completed: 5-10-08

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

| Well Owner Information | Well Location |
|--|---|
| Owner Name: <u>William Fontville</u> | Latitude: <u>33°44.88' N</u> Longitude: <u>090°34.41' W</u> |
| Mailing Address: <u>147-A Drew-Ruleville Rd.</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>Ruleville</u> <u>ms</u> <u>38771</u> | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| City State Zip Code | _____ ¼ _____ ¼ Sec <u>26</u> Twn <u>22N</u> Rng <u>4W</u> |
| Telephone No. (<u>662</u>) <u>756-2018</u> | Distance Direction Nearest Town |
| | <u>1.9</u> Miles <u>NE</u> of <u>Ruleville</u> <u>Drew-Ruleville Rd.</u> |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift Jet <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>1</u> |
| Date Pump Installed: <u>5-4-08</u> | Setting Depth: <u>60</u> feet |
| Rated Pump Capacity: <u>20</u> Gallons Per Minute | Number of Stages: <u>8</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): <u>25</u> Feet Below Land Surface | Other (specify): <u>Rope + weight</u> |
| Pumping Water Level (B): <u>26½</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>1½</u> Feet Below Land Surface | Well yielded <u>20</u> GPM with a drawdown of |
| Test Pumping Rate: <u>20</u> Gallons Per Minute | <u>1½</u> feet after <u>4</u> hours of pumping |
| Duration of Pump Test (minimum 4 hours): <u>4</u> hours | |

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

Willie L. Bryant 0-639
 Print Name of Pump Installer and License No. (if applicable)

Willie L. Bryant
 Signature of Pump Installer

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