| County: Sunflower | |
|---|----------|
| Permit#: ((()(()()))() Irrigation Equipment | - |
| 7-31-06 | L |
| Date drilling completed: | |

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 #: 6 - 129 |
| L. S. Elevation: |
| E-log #: |

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

| 30 days of completion of drilling of the well. | | |
|---|--|--|
| Well Owner Information | Well Location | |
| Owner Name Winding Brook Corporation | Latitude:°" Longitude:°" | |
| Mailing Address: Box 98 | Method of Lat/Long (circle one): Conventional Survey, | |
| | USGS quad, Hand-held GPS, Survey-grade GPS | |
| | NE, NE, Sec 9 Twn 21N Rng 4W | |
| Inverness, MS 38753 | TwnRng | |
| City State Zip Code | Distance Direction Nearest Town 6 Miles NW of Doddsville | |
| Telephone No. () | | |
| Well 1 | L Date | |
| | _ | |
| Purpose of Well (circle one) Home Industrial Public Supply | rigation Fish Culture Other eplacement | |
| Date well drilling started: 7-31-06 Date w | well drilling completed: 7-31-06 | |
| If flowing, method of flow regulation: Valve Other (d | escribe) | |
| Static Water Level: 51' feet above on below (circle one) l | and surface Date measured: 8-1-05 | |
| | air line other: | |
| Hole depth: 135 Well depth: 135 | Well grouted to a depth of 10 feet | |
| Type of grout (circle one): Cement Bentonite Mix | | |
| Casing length: 95 feet Casing diameter. 16 | inches Type of casing: PVC Sch. 40 | |
| Screen length: 40 feet Screen diameter: 16 | inches Type of screen: PVC Sch. 40 | |
| Screen slot size: . 050 inches Setting depth: From _ | 96 <u>feet to 135</u> <u>feet</u> | |
| Type of completion (circle all applicable): Gravel packed Under | reamed Telescoped Open hole Natural Development | |
| Other (describe): | | |
| Top of lap pipe or reduction in casing:feet. If tel | escoped 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 a | occordance with all applicable requirements of the Mississippi | |
| Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws. | | |
| Irrigation Equipment Inc. | /) <u>I</u> /, | |
| Patrick M. Chism 0695 | Patris M Chi | |
| Print Name of Water Well Contractor and License No. | Signature of Water Well Contractor | |

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BY: OLWR

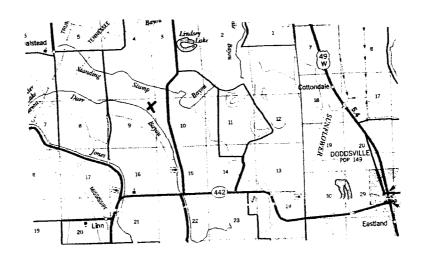
If well telescopes please sketch below and show depths.

Ground Level

| Description of Formations Encountered | From To |
|---------------------------------------|---------|
| Clay | 0 48 |
| Clay Fine Sand Med. Sand/gravel | 49 55 |
| Med. Sand/gravel | 56 135 |
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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: | |
|-----------------|--|
| | |

Signature of Water Well Contractor

STATE WELL REPORT Part 2 Sunflower For Office Use Only: Pump Installer's Completion Report Mississippi Department of Environmental Quality Aquifer: Office of Land and Water Resources rrigation Equipment P.O. Box 10631 Wd1#: Jackson, MS 39289-0631 7-31-06 Date completed: (601)961-5210 Elevation: (601)354-6938 (fax) Copy information from block on Part 1 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 Winding Brook Corporation Owner Name: Latitude: Longitude: Box 98 Mailing Address: Method of Lat/Long (check one): Conventional Survey____, USGS quad . Hand-held GPS___, Survey-grade GPS___ 38753 MS Inverness NE 1/4 NE 1/4 Sec 9 T 21 N R 4w Zip Code City State Direction Nearest Town Distance of Doddsville Miles NW 6 Telephone No. () Pump Type **Power Type** Circle one Circle one Air Lift Jet Submersible Diesel Engi Gasoline Engine Natural Gas Bucket **Turbine** Piston Hand Tractor PTO Electric Motor Centrifugal Rotary Flowing Well Windmill Other (specify): Other (specify): Horse Power Rating of Motor: _ 80 8-1-06 Date Pump Installed: Setting Depth: __ 2500-3000 Gallons Per Minute Rated Pump Capacity: Number of Stages: **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 Drawdown [(B) - (A)]: Feet Below Land Surface For flowing well, measured shut in head: Gallons Per Minute Test Pumping Rate: GPM with a drawdown of Well yielded Duration of Pump Test (minimum 4 hours): _____ hours feet after hours of pumping

Patrick M. Chism 0695

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

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Form: OF SOFE VED