| County: Sun | flower |
|-----------------------------------------------|----------------------|
| Permit#: <u>6</u> W Irrigation Driller: | 41579 n Equipment |
| Date drilling complet | ed: 3-7-07 |

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)

| <u> </u> | For Office Use Only: |
|------------------|----------------------|
| Aquifer | |
| Well #: | G-130 |
| L. S. Ele | evation: |
| E-l og #: | |

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 Bonita Metcalf | Latitude:°, Longitude:°, " | | | |
| Mailing Address: 520 Hillcrest Circle | Method of Lat/Long (circle one): Conventional Survey, | | | |
| | USGS quad, Hand-held GPS, Survey-grade GPS | | | |
| | SE 1/4 SE 1/4 Sec 7 Twn 21N Rng 4W | | | |
| Cleveland MS 38732 | | | | |
| City State Zip Code | Distance Direction Nearest Town 8 Miles West of Doddsville | | | |
| Telephone No. () | | | | |
| Well 1 | Data | | | |
| Durana of Wall (similar and Harman Ladaretial Dublic Courts) | (Triangle) Fish Culture Others | | | |
| Purpose of Well (circle one) Home Industrial Public Supply | | | | |
| Date well drilling started: 3-7-07 Date w | well drilling completed: 3-7-07 | | | |
| If flowing, method of flow regulation: Valve Other (d | escribe) | | | |
| Static Water Level: 50' feet above or clow (circle one) I | and surface Date measured: 3-8-07 | | | |
| Method of Measurement (circle one) steel tape electric tape | air line other: | | | |
| Hole depth: 117 Well depth: 117 Well grouted to a depth of 10 feet | | | | |
| Type of grout (circle one): Cement Bentonite Mix | | | | |
| Casing length: 77 feet Casing diameter. 10 inches Type of casing: PVC160 | | | | |
| Screen length: 40 feet Screen diameter: 10 | inches Type of screen: PVC160 | | | |
| Screen slot size: . 050 inches Setting depth: From _ | 78 feet to 117 feet | | | |
| Type of completion (circle all applicable): Gravel packeti Underreamed Telescoped Open hole Natural Development | | | | |
| Other (describe): | <u> </u> | | | |
| Top of lap pipe or reduction in casing: 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 Dep | partment of Health regulations and state laws. | | | |
| Irrigation Equipment Inc. Patrick M. Chism 0695 | | | | |
| Print Name of Water Well Contractor and License No. | Signature of Water Well Contractor | | | |

Ground Level

| Description of Formations Encountered | From To |
|---------------------------------------|---------|
| Clay | 0 37 |
| Fine Sand | 38 43 |
| Fine Sand/gravel Med. Sand/gravel | 44 52 |
| Med. Sand/gravel | 53 117 |
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| | |

If more than one screen, show location of each on sketch

| Sketch the property layout and include the following aid in locating the well; 3) any roads, p. 4) indicate direction. | power lines, or other items that may aid in locating the property and the well; Halstead January 20 Lines are also as a second of the property and the well; |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | 36. 29 to 21. 22. 22. |
| Landowner Name: | |

Signature of Water Well Contractor

STATE WELL REPORT

County: Sunflower Permit#: 6 W 4 (5 79) Irrigation Equipment Driller: 3-7-07

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

For Office Use Only:

Aquifer:

Well #: 6 - 130

Elevation:

| Composite completed: Composite completed: Composite completed: Composite completed: Composite completed: Composite | Driller: | 3-7-07 | | Jackson, MS 39289-0631 Well #: 6-130 | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------|----------------------------------------|-----------------------------------------------------------|--|
| Well Owner Information Owner Name: Well Owner Information Bonita Metcalf Mailing Address: 520 Hillcrest Circle Cleveland MS 38732 City State Zip Code Telephone No. () Pump Type Circle one Air Lift Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): Date Pump Installed: 3-8-07 Rated Pump Capacity: 750 ± Gallons Per Minute Pump Test Buck Pump Test Below Land Surface Pumping Water Level (A): Feet Below Land Surface Drawdown [(3)-(A)]: Feet Below Land Surface Drawdown [(4)-(A)]: Feet Below Land Surface Drawdown [(5)-(A)]: Feet Below Land Surface Drawd | Date completed: | 3-7-07 | | 01)961-5210 | |
| Owner Name: Bonita Metcalf Mailing Address: 520 Hillcrest Circle Cleveland MS 38732 City State Zip Code Pump Type Circle one Air Lift Jet Submersible Backet Piston Turbine Centrifugal Rotary Flowing Well Other (specify): Horse Power Rating of Motor: 15 Date Pump Installed: 3-8-07 Rated Pump Capacity: 750 ± Gallous Per Minute Pump Test Data Pump Test Below Land Surface Pumping Water Level (A): Feet Below Land Surface Pumping Water Level (A): Feet Below Land Surface Date Well Tested: Gallous Per Minute Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS West of Doddsville Disease Engine Office one Rater Motor Measure Town 8 Miles West of Doddsville Power Type Circle one Circle one Disease Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): Horse Power Rating of Motor: 15 Setting Depth: 70 feet Number of Stages: 1 Pump Test Data Method of Measuring Water Level Circle one Air Line Electric Measuring Line Steel Tape Other (specify): Feet Below Land Surface Context (Specify): Gallous Per Minute Pumping Rate: Gallous Per Minute Well yielded GPM with a drawdown of Duration of Pump Test (minimum 4 hours): hours feet after hours of pumping | This report installation | should be prepared b | y the pump installer in de | etail and filed with the Department within 30 days of the | |
| Mailing Address: 520 Hillcrest Circle Cleveland MS 38732 City State Zip Code Pump Type Circle one Air Lift Jet Submersible Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): Dute Pump Installed:3-8-07 Rated Pump Capacity:750 ± | | Well Owner Infor | mation | Well Location | |
| USGS quad, Hand-held GPS, Survey-grade GPS | Owner Name: | Bonita Met | calf | Latitude: Longitude: | |
| Cleveland MS 38732 City State Zip Code Distance Direction Nearest Town B Miles West of Doddsville Pump Type Circle one Air Lift Jet Submersible Backet Piston Turbine Centrifugal Rotary Flowing Well Other (specify): | Mailing Address: | 520 Hillo | rest Circle | Method of Lat/Long (circle one): Conventional Survey, | |
| Cleveland MS 38732 City State Zip Code Distance Direction Nearest Town B Miles West of Doddsville Pump Type Circle one Air Lift Jet Submersible Backet Piston Turbine Centrifugal Rotary Flowing Well Other (specify): | | ×. | · · · · · · · · · · · · · · · · · · · | USGS quad, Hand-held GPS, Survey-grade GPS | |
| Telephone No. () Pump Type Circle one Air Lift | | Clevelan | d MS 38732 | | |
| Reception of Power Type Circle one Cir | | City Stat | te Zip Code | | |
| Air Lift | Telephone No. (_ |) | | · i | |
| Air Lift Jet Submersible Diesel Engine Gasoline Engine Natural Gasoline Submersible Diesel Engine Gasoline Engine Natural Gasoline Submersible Diesel Engine Gasoline Engine Natural Gasoline Submersible Diesel Engine Gasoline Engine Natural Gasoline Curtifugal Rotary Flowing Well Windmill Other (specify): | | | | Power Type | |
| Bucket Piston Turbine Electric Motor Hand Tractor PTO Centrifugal Rotary Flowing Well Windmill Other (specify): Other (specify): Date Pump Installed: | | Circle one | | Circle one | |
| Centrifugal Rotary Flowing Well Windmill Other (specify): Horse Power Rating of Motor:15 Date Pump Installed:3-8-07 Rated Pump Capacity:750 ± | AirLift | Jet | Submersible) | Diesel Engine Gasoline Engine Natural Gas | |
| Other (specify): | Bucket | Piston | Turbine | Electric Motor Hand Tractor PTO | |
| Date Pump Installed: | Centrifugal | Rotary | Flowing Well | Windmill Other (specify): | |
| Date Pump Installed: | Other (specify): _ | | ······································ | Horse Power Rating of Motor: 15 | |
| Pump Test Data Pump Test Data Date Well Tested: Static Water Level (A): Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface For flowing well, measured shut in head: Gest Pumping Rate: Gallons Per Minute Well yielded GPM with a drawdown of pumping Mater Level (minimum 4 hours): hours hours | Date Pump Install | | | 9 | |
| Date Well Tested: Circle one Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface Drawdown [Red]: Feet Below Land Surface Test Pumping Rate: Gallons Per Minute Duration of Pump Test (minimum 4 hours): hours Test Pumping Rate: hours of pumping | Rated Pump Capa | 750 ± | Gallons Per Minute | 1 | |
| Date Well Tested: Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface Drawdown [(B) - (A)]: Feet Below Land Surface Drawdown [Rest Pumping Rate: Gallons Per Minute Duration of Pump Test (minimum 4 hours): hours Air Line Electric Measuring Line Steel Tape Other (specify): For flowing well, measured shut in head: feet Well yielded GPM with a drawdown of hours of pumping | Pump Test Data | | | | |
| Static Water Level (A):Feet Below Land Surface Pumping Water Level (B):Feet Below Land Surface Drawdown [(B) - (A)]:Feet Below Land Surface For flowing well, measured shut in head:feet Well yieldedGPM with a drawdown of Duration of Pump Test (minimum 4 hours):hours Duration of Pump Test (minimum 4 hours):hours | Date Well Tested: | | | | |
| Drawdown [(B) – (A)]:Feet Below Land Surface For flowing well, measured shut in head:feet For flowing well, measured shut in head:feet Well yieldedGPM with a drawdown of Duration of Pump Test (minimum 4 hours):hours Duration of Pump Test (minimum 4 hours):hours | Static Water Level | l (A):F | eet Below Land Surface | Decer Info | |
| Test Pumping Rate:Gallons Per Minute | Pumping Water L | evel (B):Fe | et Below Land Surface | Other (specify): | |
| Duration of Pump Test (minimum 4 hours): hours feet after hours of pumping | Drawdown [(B)- | (A)]:Fe | et Below Land Surface | For flowing well, measured shut in head:feet | |
| Duration of Pump Test (minimum 4 hours): hours feet after hours of pumping | Fest Pumping Rate:Gallons Per Minute | | Gallons Per Minute | Well yieldedGPM with a drawdown of | |
| | Duration of Pump | Test (minimum 4 hour | s):hours | | |
| // / / | | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | |

Patrick M. Chism 0695

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

Signature of Pump Installer

V Land

MAR 26 2007

BY: OLWR