

County: Sunflower
 Permit #: _____
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 7-2-09

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-148
 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.

Well Owner Information	Well Location
Owner Name: <u>Winding Brook Corp.</u>	Latitude: <u>33° 39' 57"</u> Longitude: <u>90° 39' 58"</u>
Mailing Address: <u>P.O. Box 98</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Inverness</u> <u>Ms.</u> <u>38753</u>	<u>NE 1/4 SW 1/4</u> Sec <u>15</u> Twn <u>21N</u> Rng <u>4W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 265-5209</u>	<u>4</u> Miles <u>W</u> of <u>Doddsville</u>

Well Data

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

Date well drilling started: 7-2-09 Date well drilling completed: 7-2-09

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

Static Water Level: 58 feet above or below (circle one) land surface Date measured: 7-9-09

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

Hole depth: 171 Well depth: 171 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 152 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 98 feet to 117 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 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.

Irrigation Equipment Inc.
 John P. Chism 0439
 Print Name of Water Well Contractor and License No. _____
 Signature of Water Well Contractor John P. Chism

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 JUL 20 2009
 BY: OLWR

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)

County: Sunflower
Permit #: _____
Irrigation Equipment
Driller: _____
Date completed: 7-2-09

For Office Use Only:
Aquifer: _____
Well #: C-148
Elevation: _____

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>Winding Brook Corp.</u>	Latitude: <u>33° 39' 57"</u> Longitude: <u>90° 35' 55"</u>
Mailing Address: <u>P.O. Box 98</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Inverness Ms. 38753</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 15 Twn 21N Rng 4W</u>
Telephone No. <u>(662) 265-5209</u>	Distance Direction Nearest Town
	<u>4 Miles W of Doddsville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>7-9-09</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>1500±</u> Gallons Per Minute	Number of Stages: <u>2</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): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

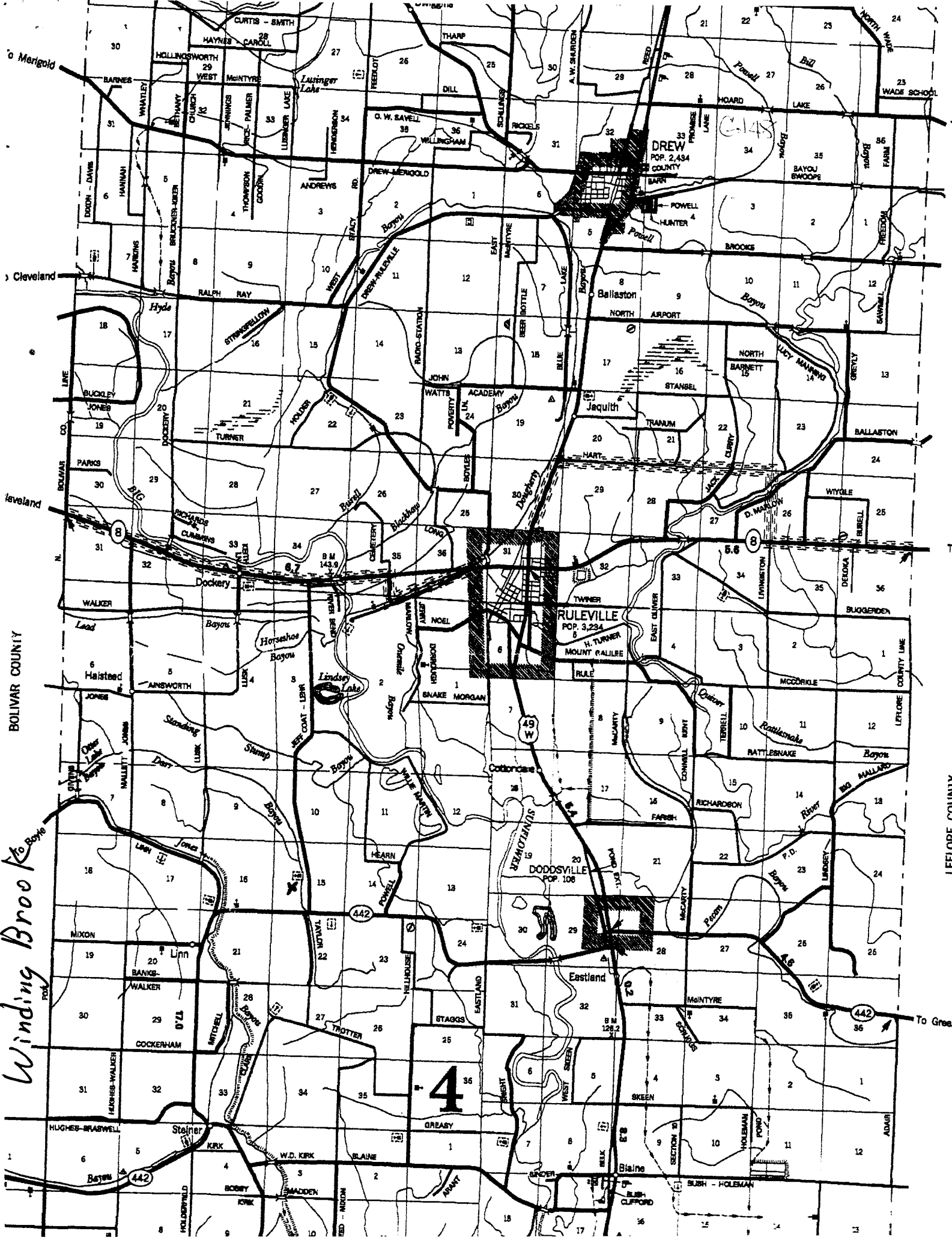
John P. Chism 0439
Print Name of Pump Installer and License No. (if applicable)

John P. Chism
Signature of Pump Installer

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JUL 20 2009

BY: OLWR



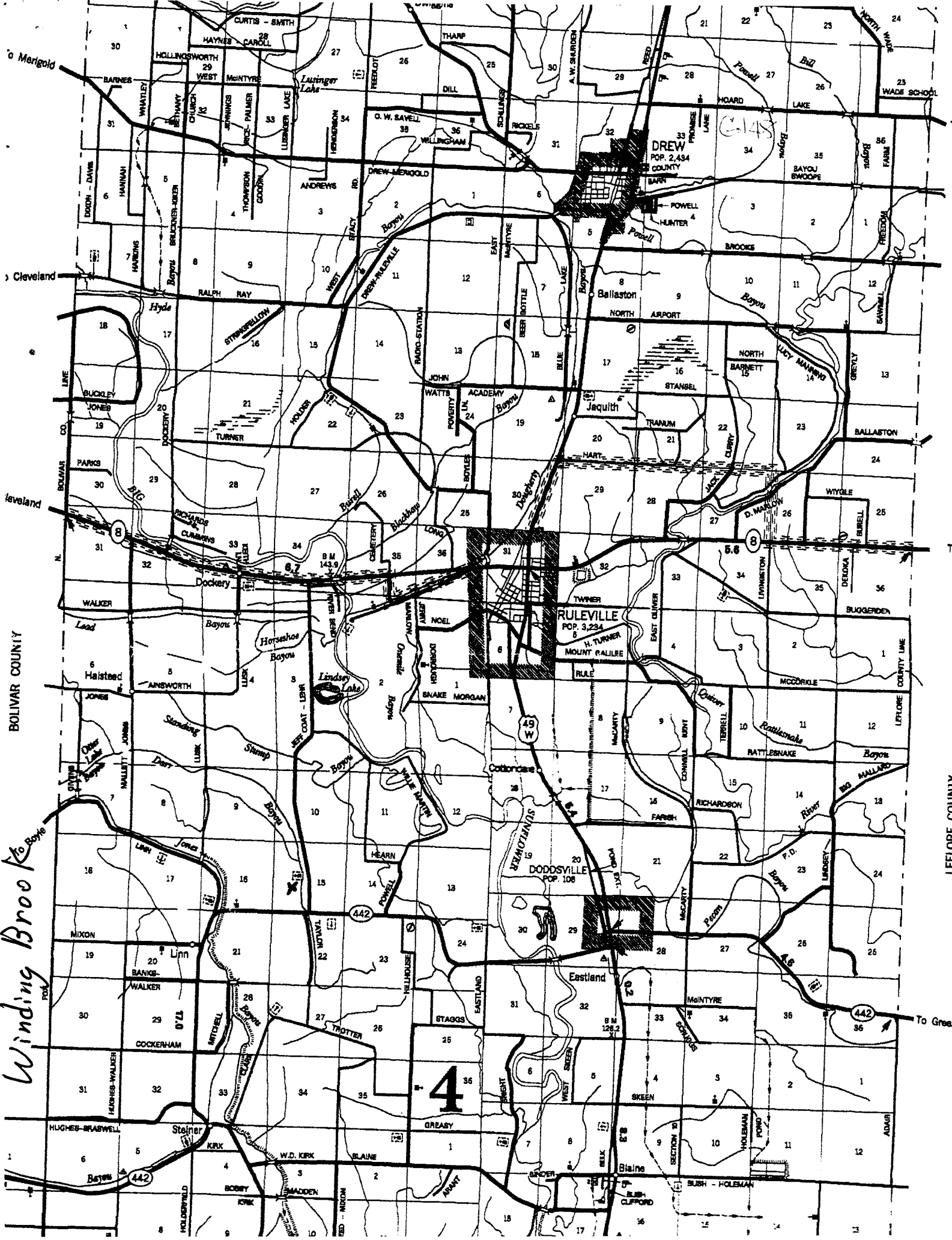
Winding Brook

4

DREW
POP. 2,434
COUNTY

RULEVILLE
POP. 3,234
H. TURNER
MOUNT CALIBRE

DODDVILLE
POP. 108



BOLIVAR COUNTY

LEFLORE COUNTY

Merigold

Cleveland

Cleveland

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