

County: Sunflower
 Permit #: GW-45575-1
 Driller: Clarence McQuinn
 Date drilling completed: 10-12-11

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: 6162
 Well #: _____
 I. S. Elevation: _____
 B-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: Dean Partnership
 Mailing Address: 21 Sunrise Dr
Boyle MS 38730
 City State Zip Code
 Telephone No: (662) 458-7161

Well or Borehole Location
 Latitude: N33° 43' 17.76" Longitude: 90° 32' 31.2"
 Method of Lat/Long (circle one): Conventional Survey
 U.S.G.S quad, Hand-held GPS Survey-grade GPS
NE NE 1/4 Sec 4 Twn 21N Rng 4W
 Distance 4.5 Miles Direction West of Nearest Town Ruleville
#1481

Well / Borehole Data
 Date drilling started: 10-12-11 Date drilling completed: 10-12-11 Hole depth: 119' Hole diameter: 26"
 Location of the source of any surface water used for drilling: hauled water from nearby d. tank
 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): N/A
 Static Water Level: 49 feet above or below (circle one) land surface Date measured: 11-1-11
 Method of Measurement (circle one) steel tap: electric tap: air line: other: _____
 Well depth: 119' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 69 feet Casing diameter: 16 inches Type of casing: PVC
 Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC
 Screen slot size: .050 inches Setting depth: From 69 feet to 119 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*

Replacement Well

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-45575
 Driller: John Rybolt IV
 Date completed: 11-1-11
 Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: G162
 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
 Owner Name: Dean Partnership
 Mailing Address: 21 Sunrise Dr
Boyle MS 38730
 City State Zip Code
 Telephone No. (662) 458-7161

Well Location
 Latitude N33° 48' 17.76" Longitude: W90° 37' 31.21"
 Method of Int/Long (check one): Conventional Survey _____
 USGS quad _____ Hand-held GPS X Survey-grade GPS _____
 _____ 1/4 _____ 1/4 Sec 6 T 21N R 4W
 Distance Direction 4 Nearest Town
4.5 Miles West of Ruleville

Pump Type
 Circle one
 Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 11-1-11
 Rated Pump Capacity: _____ Gallons Per Minute

Power Type
 Circle one
 Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 60
 Setting Depth: 80 feet
 Number of Stages: 2

Pump Test Data
 Date Well Tested: NOT TESTED
 Static Water Level (A): 49 Feet Below Land Surface
 Pumping Water Level (B): N/A Feet Below Land Surface
 Drawdown (B) - (A): N/A Feet Below Land Surface
 Test Pumping Rate: N/A Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): N/A hours

Method of Measuring Water Level
 Circle one
 Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: N/A feet
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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