

JUL-02-2008 09:32 From: MID SOUTH WATER

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To: 601 360 0535

P.2/4

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County: Sunflower
 Permit # _____
 Driller: Bryant Flowers
 Date drilling completed: 6-4-08

State Well Report
Part 1 - Driller's Log
 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 #: Q-203
 L.S. Elevation: G 169
 E-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)	Well or Borehole Location
Owner Name: <u>Delbert Deas Partnership</u>	Latitude: <u>N33° 40' 48.8"</u> Longitude: <u>W90° 33' 48.6"</u>
Mailing Address: <u>21 Sunrise Dr</u>	Method of Lat/Long (circle one): <u>49</u> Conventional Survey, <u>49</u>
<u>Boyle MS 38730</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 12 Twn 21N Rng 4W</u>
Telephone No. <u>(662)846-7584</u>	Distance _____ Miles Direction _____ of Nearest Town _____

Well / Borehole Data

Date drilling started: 6-4-08 Date drilling completed: 6-4-08 Hole depth: 120' Hole diameter: 26"

Location of the source of any surface water used for drilling: Ditch 1200' away

Method of casing 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 X 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 _____ Y Fish Culture _____ Other: _____

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

Static Water Level: 41 feet above or below (circle one) land surface Date measured: 6-5-08

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

Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 80 feet to 120 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*

Form OLWR SWR 1A

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BY: OLWR

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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: G169
 Well #: Q-203
 Elevation: _____

County Sunflower

Permit # _____

Driller: John Rybolt IV

Date completed: 6-5-08

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

Owner Name: Delbert Dean Partnership

Mailing Address: 21 Sunrise Dr.

Bolt MS 38730
 City State Zip Code

Telephone No. (662) 846-7584

Well Location

Latitude: N33° 40' 48.8" Longitude: W090° 33' 48.6"

Method of Lat/Long (check one): Conventional Survey

UTSGS quad _____ Hand-held GPS _____ Survey-grade GPS _____

_____ 1/4 _____ 1/4 Sec _____ T _____ R _____

Distance _____ Direction _____ Nearest Town _____

_____ Miles _____ of _____

Pump Type Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 6-5-08

Rated Pump Capacity: _____ Gallons Per Minute

Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): Gen Drive

Horse Power Rating of Motor: 60

Setting Depth: 50 feet

Number of Stages: 2

Pump Test Data

Date Well Tested: N/A TESTED

Static Water Level (A): 41 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 Tube

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

Form: OLWR-SWR-16

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