

State Well Report

Part 1 - Driller's Log

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)

For Office Use Only:

Aquifer 5196

Well #: _____

L. S. Elevation: _____

E-log #: _____

County: Sunflower
 Permit #: GW-46736
 Driller: Clarence McMillan
 Date drilling completed: 11-29-12

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>Lyons Brothers</u>	Latitude: <u>N33° 34' 51"</u> Longitude: <u>90° 42' 17"</u>
Mailing Address: <u>414 Stephens-Lyons Rd</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input checked="" type="checkbox"/> USGS quad, Hand-held GPS, Survey-grade GPS
<u>Shaw</u> MS <u>39773</u>	<u>SE 1/4 NW 15</u> Sec. <u>15</u> Twn <u>20N</u> Rng <u>05W</u>
City State Zip Code	Distance _____ Miles Direction _____ of _____ Nearest Town _____
Telephone No. <u>(601) 754-6396</u>	<u>#1719</u>

Well / Borehole Data

Date drilling started: 11-29-12 Date drilling completed: 11-29-12 Hole depth: 125' Hole diameter: 26"

Location of the source of any surface water used for drilling: Near by 50' well

Method of casing and volume of Chkwine 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) _____

Static Water Level: 32 feet above or below (circle one) land surface Date measured: 1-23-13

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

Well depth: 125' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 75' 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 75' feet to 125' feet

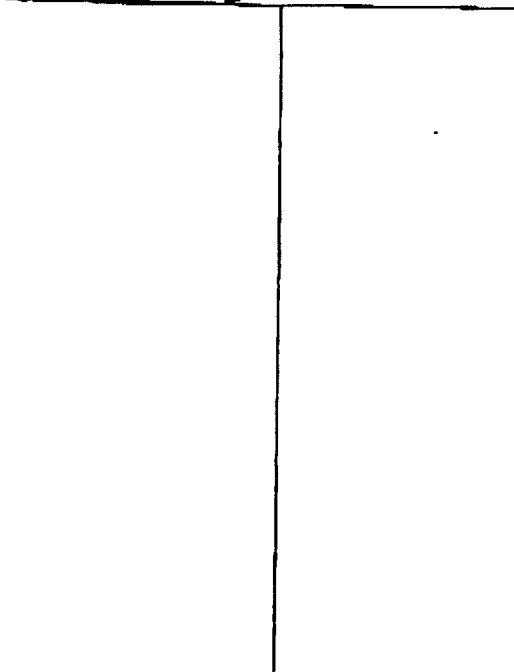
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

Top of lap pipe or reduction in casing: N/A feet. *If telescoped or more than one screen, describe on next page*

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level \rightarrow

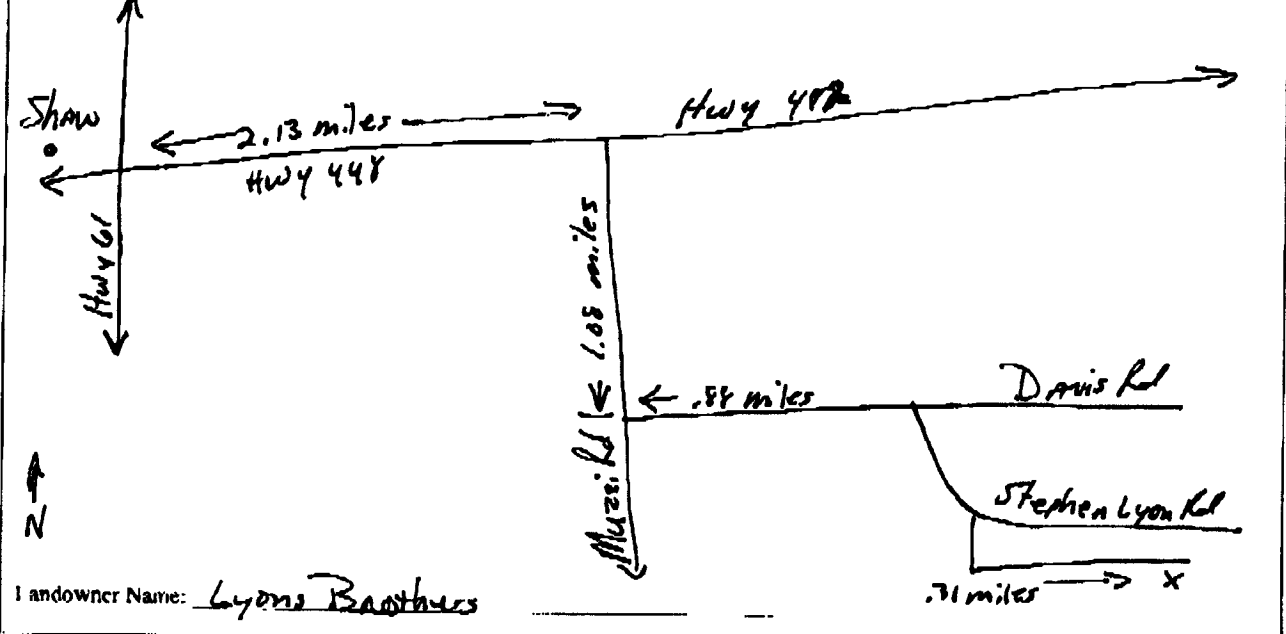


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	29
Fine Sand	29	41
Medium Sand & pea gravel	41	63
Medium Coarse Sand & pea gravel	63	73
Medium/Coarse Sand & gravel	73	90
Medium Sand	90	112
Medium/Coarse Sand & pea gravel	112	125

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) a north arrow.



Form: OLWR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Clayton Miller 0-703 1-30-13 Clayton Miller
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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)

For Office Use Only:

Aquifer: _____
 Well #: J196
 Elevation: _____

County: Sunflower

Permit #: GW-46736

Driller: John Rybolt IV

Date completed: 1-23-13

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: Lyons Brothers
 Mailing Address: 414 Stephens - Lyons Rd
Jms MS 38773
 City State Zip Code
 Telephone No. (662) 754-6396

Well Location

Latitude: N33° 24' 51" Longitude: W90° 42' 17"
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____ Hand-held GPS Survey-grade GPS _____
 _____ 1/4 _____ 1/4 Sec 15 T 20N R 05W
 Distance Direction Nearest Town
 _____ Miles _____ of _____

Pump Type

Circle one
 Air Lift Jet Submersible
 Rucket Piston Turbine
 Centrifugal Rotary Flowing Well
 (Other (specify): _____)
 Date Pump Installed: 1-23-13
 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: 50
 Setting Depth: 70 feet
 Number of Stages: 1

Pump Test Data

Date Well Tested: NOT TESTED
 Static Water Level (A): 37 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 N/A GPM with a drawdown of _____ feet after _____ hours of pumping

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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