

GW - 44102

County: Sunflower
 Permit #: ~~GW-44103~~
 Irrigation Equipment
 Date drilling completed: 4-4-11

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 38225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: K 142
 Well #: _____
 L. S. Elevation: _____
 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>Larry Brown</u>		Latitude: <u>33-36-32.2</u> Longitude: <u>90-34-16.4</u>	
Mailing Address: <u>397 Blaine Rd.</u>		Method of Lat/Long (circle one): Conventional Survey,	
<u>Sunflower Ms. 38778</u>		USGS quad: <u>Hand-held GPS</u> Survey-grade GPS	
City	State	Zip Code	Twp <u>20N</u> Rng <u>4W</u>
Telephone No. () _____	Distance <u>2</u> Miles	Direction <u>E</u>	Nearest Town <u>Steiner</u>

Well / Borehole Data

Date drilling started: 4-4-11 Date drilling completed: 4-4-11 Hole depth: 126 Hole diameter: 18

Location of the source of any surface water used for drilling: Surface Water

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

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: 49 feet above of below (circle one) land surface Date measured: 4-6-11

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

Well depth: 126 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 86 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 86 ~~87~~ feet to 126 feet

Type of completion (circle all applicable): Gravel packed Unscreened 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 next page*

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

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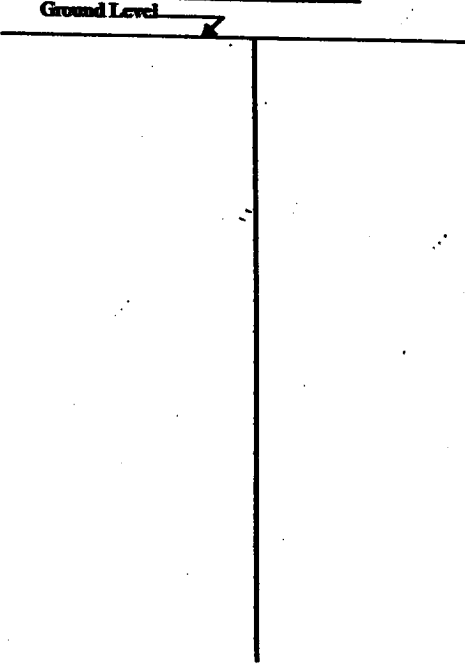
BY: OLWR

K142

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	66
Medium Sand + Gravel	67	126

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.

Landowner Name: Larry Brown

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.

Patrick M Chism 0695

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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GW - 44102

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 #: **K142**
Elevation: _____

County: Sunflower
Permit #: ~~GW 44103~~
Irrigation Equipment
Driller: _____
Date completed: 4-4-11
Copy information from check 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		Well Location	
Owner Name: <u>Larry Brown</u>	Latitude: <u>33 36 32.2</u>	Longitude: <u>90 34 16.4</u>	
Mailing Address: <u>397 Blaine Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____		
<u>Sunflower Ms. 38778</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
City State Zip Code	SW 1/4 NE 1/4 Sec 11 T 20N R 4W		
Telephone No. () _____	Distance: <u>2</u> Miles	Direction: <u>E</u>	Nearest Town: <u>Steiner</u>

Pump Type Circle one		Power Type Circle one		
Air Lift	Jet	Discal Engine	Gasoline Engine	Natural Gas
	<input checked="" type="radio"/> Submersible	<input checked="" type="radio"/> Electric Motor	Hand	Tractor PTO
Bucket	Fistula			
	Turbine			
Centrifugal	Rotary	Windmill	Other (specify): _____	
	Flowing Well		House Power Rating of Motor: <u>25</u>	
Other (specify): _____			Setting Depth: <u>70</u> feet	
Date Pump Installed: <u>4-6-11</u>			Number of Stages: <u>1</u>	
Rated Pump Capacity: <u>1100 ±</u> Gallons Per Minute				

Pump Test Data		Method of Measuring Water Level Circle one		
Date Well Tested: _____	Static Water Level (A): _____ Feet Below Land Surface	Air Line	Electric Measuring Line	Steel Tape
Pumping Water Level (B): _____ Feet Below Land Surface	Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Other (specify): _____		
Test Pumping Rate: _____ Gallons Per Minute	Duration of Pump Test (minimum 4 hours): _____ hours	For flowing well, measured shut in head: _____ feet		
		Well yielded _____ 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.
Patrick M Chism 0695
Print Name of Pump Installer and License No. (if applicable) Patrick M Chism
Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)

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