

County: Sunflower
 Permit #: GW-45381
 Driller: Willie Bryant
 Date drilling completed: 1-15-12

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: _____
 Well #: φ 218
 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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Willie Knight</u> Mailing Address: <u>P.O. Box 238</u> <u>300 Washington St.</u> <u> Moorhead MS 38761</u> City State Zip Code Telephone No. <u>662 207-6402</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>33° 28' 39" N</u> Longitude: <u>90° 31' 64" W</u> Method of Lat/Long (circle one): Conventional Survey, <u>47</u> <u>38</u> USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS NW ¼ SE ¼ Sec <u>29</u> Twn <u>19N</u> Rng <u>3W</u> Distance <u>2.5</u> Miles Direction <u>S</u> of Nearest Town <u>Sunflower MS</u> <u>Brown Rd.</u></p>
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Well / Borehole Data

Date drilling started: 1-15-12 Date drilling completed: 1-15-12 Hole depth: 104 Hole diameter: 12 3/4"

Location of the source of any surface water used for drilling: Nearby ditch
 Method of dosing and volume of Chlorine used in drilling and development: Chlorine Tablets

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: 31 feet above or below (circle one) land surface Date measured: 1-22-12

Method of Measurement (circle one) steel tape electric tape air line other: Rope & weight

Well depth: 104 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 64 feet Casing diameter: 6 inches Type of casing: PVC 160

Screen length: 40 feet Screen diameter: 6 inches Type of screen: PVC slotted

Screen slot size: .032 inches Setting depth: From 64 feet to 104 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: -0- feet. *If telescoped or more than one screen, describe on next page*

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

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1-12-15
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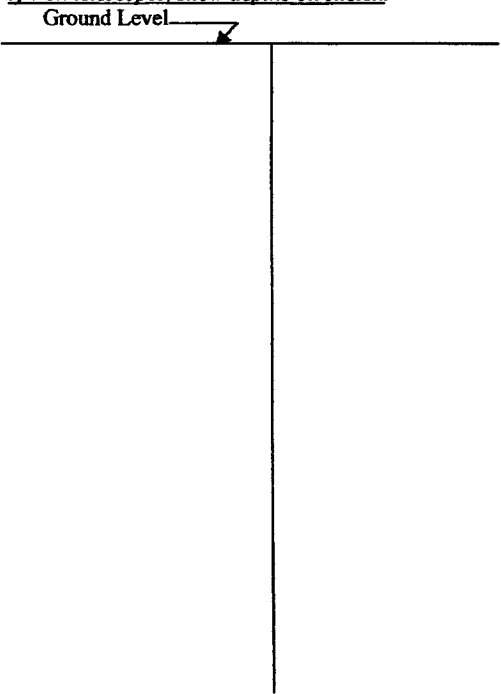
1-12-15
MEXICO

1-12-15
MEXICO

The sketch below only required for water wells

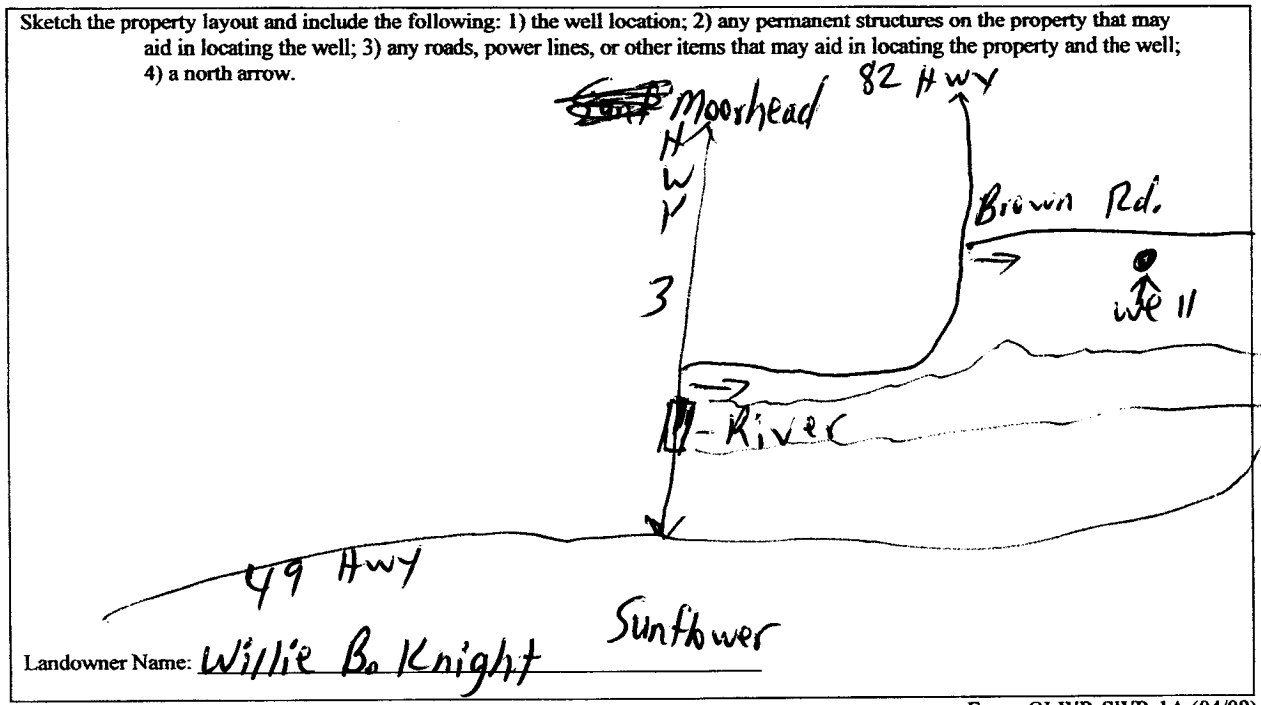
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch



Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	20
Clay	20	35
Brown sand	35	45
med sand	45	60
Coarse sand + gravel	60	104

If more than one screen, show location of each on sketch



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.

Willie L. Bryant 0-639 1- -12 Willie L. Bryant
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Sunflower
 Permit #: GW-42600
 Driller: Willie Bryant
 Date completed: 1-22-12
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: Ø218
 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	Well Location
Owner Name: <u>Willie B. Knight</u>	Latitude: <u>33° 28.79' N</u> Longitude: <u>090° 31.64' W</u>
Mailing Address: <u>P.O. Box 238</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>300 Washington St.</u>	USGS quad _____, <u>Hand-held GPS</u> , Survey-grade GPS _____
<u> Moorhead MS 38761</u>	_____ ¼ _____ ¼ Sec <u>29</u> T <u>19N</u> R <u>3W</u>
City State Zip Code	Distance _____ Direction _____ Nearest Town _____
Telephone No. <u>662 207-6402</u>	<u>2 1/2</u> Miles <u>S</u> of <u>Sunflower, MS</u> <u>Brown Rd.</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>10 HP</u>
Date Pump Installed: <u>1-22-12</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>300</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 <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
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	

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.

Willie Bryant 0-639 Willie Bryant
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

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