H.E. & S.F. CUETIS

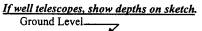
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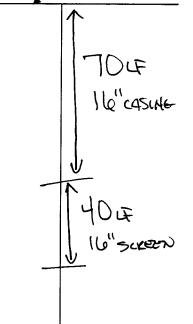
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S S	tate Well Report	For Offer Har Oat	
	art 1 – Driller's Log	For Office Use Only:	
	Mississippi Department of Environmental Quality Aquifer: 1/68		
Driller: J. NEWEDME 0.773	P.O. Box 2309 Well #:		
	Jackson, MS 39225 (601)961- 5210	S. Elevation:	
Date drilling completed: 6.9.2012	(601)061 - 5228 (fax)	og #:	
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	Well or Boreho		
(Landowner if borehole is not for a water well) Owner Name H.E. + S.F. Curfis LF	$Latitude: \frac{33 \cdot 25 \cdot 12}{Latitude:}$	mgitude: 10 . 12.06"	
Mailing Address: P.O., Box 1	Method of Lat/Long (circle one): C	-	
	USGS grad, Mand-held GPS, $5W \times 5E \times \text{Sec } 10 \text{ Tr}$	, Survey-grade GPS	
Macon GA 7211 City State Zip Co	17 5W 1/3E 1/ Sec 10 J T		
City State Zip Co	bde Distance Direction $4.5$ Miles $5.4$ of $7$	Nearest Town	
Telephone No. ()			
Well / Borehole Data			
Date drilling started: $6.9.12$ Date drilling completed: $6.9.12$ Hole depth: $12$ Hole diameter: $21$			
Location of the source of any surface water used for drilling: DITCH Method of dosing and volume of Chlorine used in drilling and development: CHGRWE PBLET			
Logs run (circle all applicable): (No log run) Electric Gamma Ray Density Sonic Neutron Other:			
Purpose of borehole (check one): Water Well <u>Ceotechnical/Geological Investigation</u> Ground Source Heat Pump			
Seismic Survey Other (describe)			
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:feet above or below (circle one) land surface Date measured:			
Method of Measurement (circle one) steel tape electric tape air line other:			
Well depth: <u>110</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement Bentonite Mix			
Casing length:feet Casing diameter:inches Type of casing:			
Screen length: <u></u>			
Screen slot size: .050 inches Setting depth: From 70 feet to 110 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: feet. If telescoped or more than one screen, describe on next page			
Form: OLWR-SWR-1A (04/08)			
RECEIVED			
JUN 1 8 2012			

BY: OLWR

## The sketch below only required for water wells





Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	Ground Level	
CUAYI	10	35
MED. COASSE STRIK	25	
MED. COALSE STRIPS COARSE PERDUS		InR
BOILDM	+ 12	10
- YOUDI (	- 110	
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<u>Description of formations encountered must be provided for all</u> wells and boreholes, unless specifically exempted by regulations

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

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. NEWCOME 0:T13 6.9.12 JOHN

Print Name of Responsible Licensee and License No.

No. Date

Signature of Licensee

P168

STAT	TE WELL REPORT	
county: Sunflower	Part 2 For Office Use Only:	
Pump I	Installer's Completion Report Aquifer:	
initialiasippi L	Department of Environmental Quality $P_{11} = P_{11} = Q_{11}$	
Driller: J. Newcome D-773 Office	P.O. Box 2309 Well #:	
Date completed: 6-9-2012	Jackson, MS 39225 Elevation:	
Copy information from block on Part 1	(601)961-5210	
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: H.E. S.F. Curtis LP	Latitude: <u>33025.12''</u> Longitude: <u>90.42.06</u> '	
Mailing Address: P.O., Box 1	Method of Lat/Long (check one): Conventional Survey,	
	USGS quad, Hand-held GPS 🗹, Survey-grade GPS	
Macon GA 72117 City State Zip Code	<u>SW 1/2 SE 1/2 Sec 10 T18N R 05</u>	
	Distance Direction Nearest Town 4.5 Miles S.W. of INDIANDIA	
Telephone No. ()	_ 4.5_Miles S.W. of INDIANDIA	
L		
Pump Type	Power Type	
Circle one Air Lift Jet Submersible	Circle one Diesel Engine Gasoline Engine Natural Gas	
Bucket Piston Turbine	Electric Motor Hand Tractor PTO	
Centrifugal Rotary Flowing Well	Windmill   Other (specify):	
Other (specify): Horse Power Rating of Motor:		
Date Pump Installed:	Setting Depth:feet	
Rated Pump Capacity: 2400 Gallons Per Min	nute Number of Stages:	
Pump Test Data Date Well Tested:	Method of Measuring Water Level Circle one	
Static Water Level (A): Feet Below Land Sur	Air Line Electric Measuring Line Steel Tape	
Pumping Water Level (B):Feet Below Land Sur	Other (specify):	
Drawdown [(B) – (A)]:Feet Below Land Sur	a sub-star - sub-	
Test Pumping Rate: Gallons Per Mir		
Duration of Pump Test (minimum 4 hours):ho	oursfeet afterhours of pumping	
	RECEIVED	
This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump JUN 1 8 2012		
I HERERY CERTIEV that the above statements are true to the best of my knowledge		
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
Controlle 0-7117 Chodul		
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer		

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