

County: Sunflower
 Permit #: _____
 Driller: Irrigation Equipment
 Date drilling completed: 7-23-08

State Well Report
 Part 1

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 #: T-143
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

| Well Owner Information | Well Location |
|---|---|
| Owner Name: <u>Watson Brewer</u> | Latitude: <u>33° 18' 10.5"</u> Longitude: <u>90° 37' 10.2"</u> |
| Mailing Address: <u>1226 Montgomery St.</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>Inverness</u> Ms. <u>38753</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>SE 1/4 SW 1/4</u> Sec <u>21</u> Twn <u>17N</u> Rng <u>4W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town |
| | <u>4</u> Miles <u>SW</u> of <u>Inverness</u> |

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 7-23-08 Date well drilling completed: 7-23-08

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

Static Water Level: 37 feet above or below (circle one) land surface Date measured: 7-24-08

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

Hole depth: 126 Well depth: 126 Well grouted to a depth of 10 feet

Type of grout (circle one): 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 87 feet to 126 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

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

Irrigation Equipment Inc
Patrick M. Chism 0695

Print Name of Water Well Contractor and License No. _____

Signature of Water Well Contractor [Signature]

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T- 143

If well telescopes please sketch below and show depths.


Ground Level

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Clay | 0 | 42 |
| Fine Sand | 43 | 49 |
| Medium Sand + Gravel | 50 | 126 |
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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) indicate direction.

Landowner Name: Watson Brewer


Signature of Water Well Contractor

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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)

County: Sunflower
 Permit #: _____
Irrigation Equipment
 Driller: _____
 Date completed: _____

For Office Use Only:

Aquifer: _____
 Well #: T-143
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

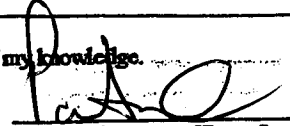
| Well Owner Information | Well Location |
|---|---|
| Owner Name: <u>Watson Brewer</u> Mailing Address: <u>1226 Montgomery St.</u> <u>Inverness Ms. 38753</u> <small>City State Zip Code</small> | Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS <u>SE ¼ SW ¼ Sec 21 Twn 17N Rng 4W</u> Distance Direction Nearest Town <u>4 Miles SW of Inverness</u> |
| Telephone No. () _____ | |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet <input type="radio"/> Submersible <input checked="" type="radio"/> Bucket Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> Other (specify): _____ | Diesel Engine Gasoline Engine Natural Gas Electric Motor <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill Other (specify): _____ |
| Date Pump Installed: <u>7-24-08</u> | Horse Power Rating of Motor: <u>15</u> |
| Rated Pump Capacity: <u>750±</u> Gallons Per Minute | Setting Depth: <u>70</u> feet |
| | Number of Stages: <u>1</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|--|---|
| Date Well Tested: _____ | Air Line Electric Measuring Line Steel Tape |
| 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 _____ feet after _____ hours of pumping |
| Test Pumping Rate: _____ Gallons Per Minute | |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

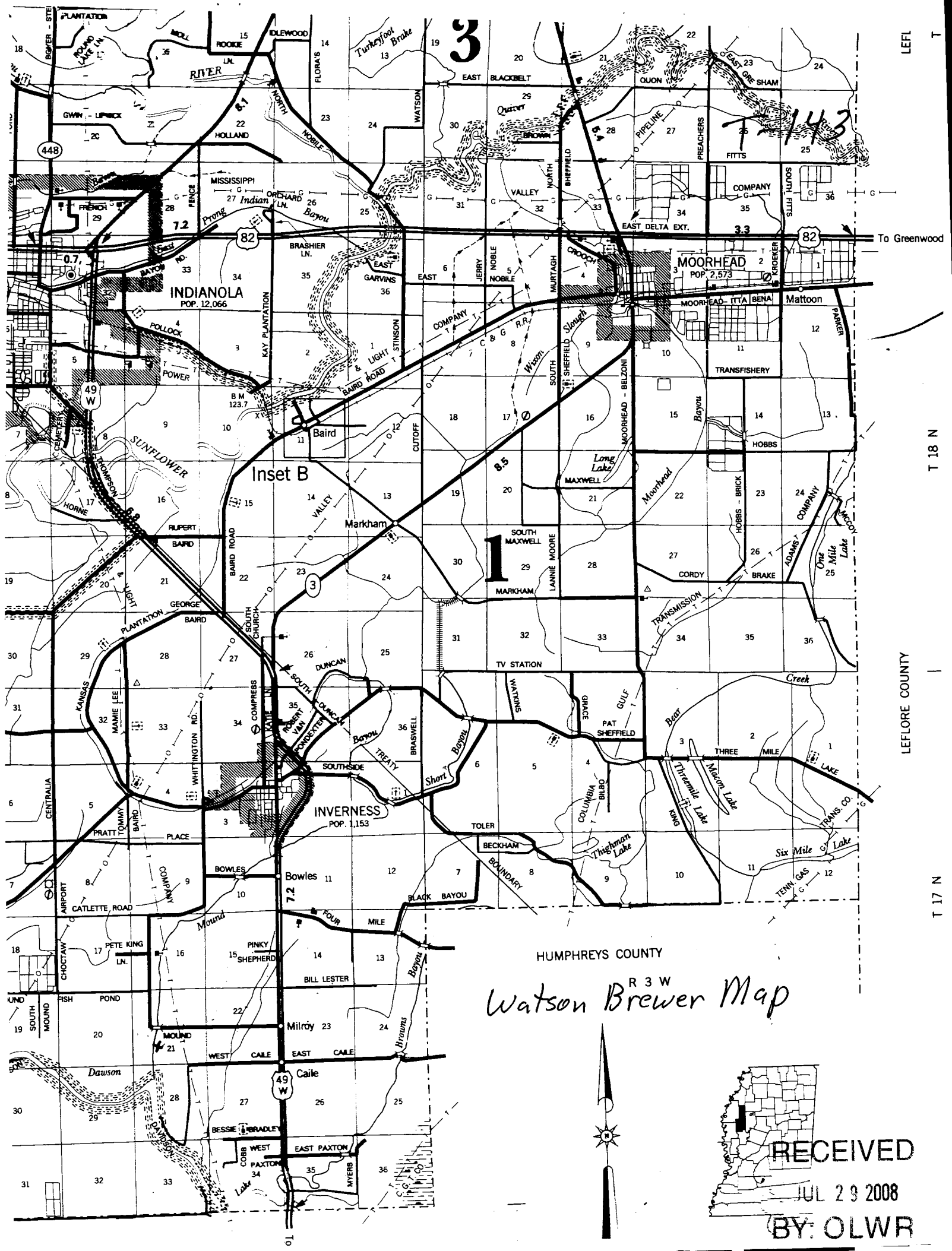
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Patrick M. Chism 0695
 Print Name of Pump Installer and License No. (if applicable)


 Signature of Pump Installer

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7-143

Inset B

1

HUMPHREYS COUNTY

Watson Brewer Map



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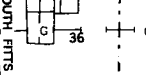
LEFL

T 18 N

LEFLORE COUNTY

T 17 N

To Greenwood



INDIANOLA
POP. 12,066

MOORHEAD
POP. 2,573

INVERNESS
POP. 1,153

448

82

82

3

85

49 W

