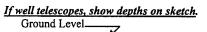
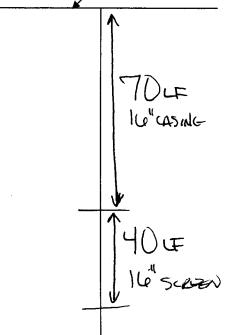
TOWNSOND - JAPHLET

	State W	ell Report			
County: Sunflower	Part 1 – I	Driller's Log	For Office Use Onl	•	
	Mississippi Department of Environmental Quality Aquifer:			67	
Permit #: GW - 45067 V		nd Water Resources	337-11-44.		
Driller: J. NEWLOME 0.773		Box 2309	Well #:		
		n, MS 39225 961- 5210	L. S. Elevation:		
Date drilling completed: 7.9.2012		1- 5228 (fax)			
			E-log #:		
State Law requires that this repo				the	
Department at the above address					
Information on Well Owner (Landowner if borehole is not for a water well)			orehole Location		
	or a water well)	Latitude: 33 . 19 , 56	" Longitude: 10 .30	50 »	
Owner Name Japhlet LP					
	~~	Method of Lat/Long (circle or	ne): Conventional Survey,		
Mailing Address: P.O. Box 63	> /	USCS and Hand hald	GPS, Survey-grade GPS		
				,	
	20 -	SW 451= 4 Sec 07	Twn 17N Rng O	46	
Belzoni M.	5 <u>31038</u> ate Zip Code				
City Sta	te Zip Code	Distance Direction	Nearest Town		
Telephone No. ()		$\underline{-4}_{Miles} \underline{-S.w.}$	of INVERNESS		
	Well / Bore	hole Data			
79.10			-,] "		
Date drilling started: 7.9.12 Date dr	rilling completed: 1.9.	Δ Hole depth: $\square \Delta$	Hole diameter: 24		
Location of the source of any surface wat	er used for drilling: DID				
Method of dosing and volume of Chlorin			ABLETT		
	_			—	
Logs run (circle all applicable): No log ru	D Electric Gamma Ray	Density Sonic Neutron	Other:		
Name of organization running log(s).			· · · · · · · · · · · · · · · · · · ·	-	
Purpose of borehole (check one): Water W	/ell Geotechnical/Geol	ogical Investigation Ground	I Source Heat Pump		
	• 🔪				
Seismic	Survey Other (<i>describe</i>)	1.		
If artiting is not retuied	i to water well constructio	n, skip ine remainder of this bi	<u>0CK</u>		
Purpose of Well (check one): Home Industrial Public Supply Irrigation X Fish Culture Other:					
		, (
If a flowing well, method of flow regulation	on: Valve 0	ther (describe)	·····		
Static Water Level:feet al	nove or below (circle one) (and surface Date measured:			
		and surface Date measured.			
Method of Measurement (circle one) s	teel tape electric tape	air line other:		_	
Well depth: <u>Well grouted to a de</u>	Marine				
wen depth: \underline{W} Well grouted to a de	epun of <u>to</u> teet Type	of grout (circle one): Neat Cem	ent Bentonite Mix		
Casing length:feet Casing diameter: inches Type of casing:					
				-	
Screen length: <u>4</u> feet Scre	en diameter: 16	inches Type of screen:	<u>r.v.l</u>	-	
Screen slot size:inches	Setting depth: From	<u>10</u> feet to <u>11</u>	<u>feet</u>		
Time of completion (-in-to -1111 - 1) >		The second second			
Type of completion (circle all applicable)	Under	reamed relescoped Open	hole Natural Developm	ient	
	Other (describe):				
	· · · · ·				
Top of lap pipe or reduction in casing:	feet. If tel	escoped or more than one scre	<u>en, describe on next page</u>		
		<u> </u>		A (04/08)	
			Form: OLWR-SWR-1	A (U4/U8)	
				RELEVE	
				ation 0 0 5040	
				AUG 2 2 2012	
				FALL FULLAR	
				BA: OTM	

The sketch below only required for water wells

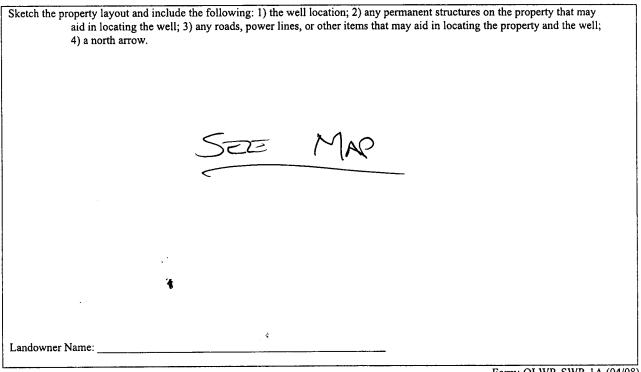




wells and boreholes, unless specifically	[,] exempted by regu	lations
Description of Formations Encountered	From (depth)	o (depth)
TOP SOIL	Ground Level	10
CLAT	10	25
SAND	25	55
COASSE, SAND	55	65
CONCE PETELES	CS .	118
		_
		· · · · · · · · · · · · · · · · · · ·
L		

Description of formations encountered must be provided for all

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. NEWOME JOHN

Q.

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

7167

	STATE WI	ELL REPORT	For Office Use Only:				
County: SUNFLOWER	Part 2		Aquifer:				
Permit #: 6N - 45067	Pump Installer's Completion Report Mississippi Department of Environmental Quality		Aduitei.				
Driller: 3 NEWGOME 0-773		and Water Resources Box 2309	Well #:				
Date completed: 7-9-2012	Jackson, MS 39225		Elevation:				
Copy information from block on Part 1	· · ·)961-5210 1-5228 (fax)					
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 Well Owner Information	with the Department a	it the above address within 30 da	ays of well completion.				
		Latitude: 33 19 56 Longitude: 90 38 50					
Owner Name: <u>SAPHLET LP</u>							
Mailing Address: POBOX 65	ss: POBOX 657		e): Conventional Survey,				
			USGS quad, Hand-held GPS $\mathbf{\times}$, Survey-grade GPS				
BELZONI MS 39038 City State Zip Code		<u>SN 1/ SE 1/ Sec 07 T 17N R 04W</u>					
			Distance Direction Nearest Town 4 Miles SW of INVERNESS				
Telephone No. ()			I <u>INVEENESS</u>				
Pump Type		Pov	wer Type				
Circle one	Submersible	C	rircle one ne Engine Natural Gas				
		Electric Motor Hand	Tractor PTO				
	'urbine (
Centrifugal Rotary H	Flowing Well		(specify):				
Other (specify):			40				
Date Pump Installed: 7/14/12		Setting Depth: 70	feet				
Rated Pump Capacity:G	allons Per Minute	Number of Stages:					
Pump Test Data Date Well Tested:			asuring Water Level				
Static Water Level (A):Feet Be			suring Line Steel Tape				
		Other (specify):					
Pumping Water Level (B):Feet Be	and a second second						
Drawdown [(B) – (A)]:Feet Be	low Land Surface	For flowing well, measured sh	nut in head:feet				
Test Pumping Rate:G	allons Per Minute	Well yielded	_GPM with a drawdown of				
Duration of Pump Test (minimum 4 hours):	hours	feet after	hours of pumping				
This is for (circle one): New Well	Replacement of Exi	isting Pump Repair of Ex	kisting Pump				
This is for (chicle one).			, 				
[
I HEREBY CERTIFY that the above statemer	~	of my knowledge.					
Print Name of Putep Installer and License No.	(if applicable)	Signature of Pump In	Form: OLWR-SWR-1C (07-09)				
			AUG 2 7 2012				
			BY: OLWA				

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