

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)

County: Tallahatchie
 Permit #: _____
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 6-8-07

For Office Use Only:
 Aquifer: _____
 Well #: C-95
 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>Brushy Bayou</u> | Latitude: <u>34° 04' 36.2"</u> Longitude: <u>90° 24' 37.6"</u> |
| Mailing Address: <u>214 Valley Road</u> | Method of Lat/Long (circle one): <u>03 51</u> Conventional Survey, <u>38</u> |
| <u>Ridgeland Ms. 39157</u> | USGS quad, Hand-held GPS, Survey-grade GPS |
| City State Zip Code | <u>NE 1/4 SW 1/4 Sec 4 Twn 25N Rng 2W</u> |
| Telephone No. () _____ | Distance Direction Nearest Town <u>5</u> Miles <u>NE</u> of <u>Tutwiler</u> |

Well Data

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

Date well drilling started: 6-8-07 Date well drilling completed: 6-8-07

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

Static Water Level: 26 feet above or below (circle one) land surface Date measured: 6-9-07

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

Hole depth: 122 Well depth: 122 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 82 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 83 feet to 122 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

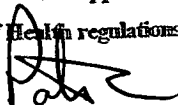
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

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

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C-95

If well telescopes please sketch below and show depths.

Ground Level

| Description of Formations Encountered | From | To |
|---------------------------------------|------|-----|
| Clay | 0 | 38 |
| Fine Sand | 39 | 45 |
| Fine Sand + Gravel | 46 | 53 |
| Medium Sand + Gravel | 54 | 122 |
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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: Brushy Bayou

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: Tallahatchie
 Permit #: _____
 Driller: _____
 Date completed: 6-8-07

For Office Use Only:

Aquifer: _____
 Well #: C-95
 Elevation: _____

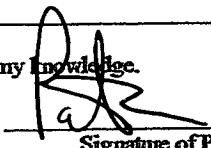
This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

| Well Owner Information | Well Location |
|--|--|
| Owner Name: <u>Brushy Bayou</u> Mailing Address: <u>214 Valley Road</u> <u>Ridgeland Ms. 39157</u> <small>City State Zip Code</small> | Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 SW 1/4 Sec 4 Twn 25N Rng 2W</u> Distance Direction Nearest Town <u>5 Miles NE of Tutwiler</u> |
| Telephone No. () _____ | |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____ | <u>Diesel Engine</u> Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>70</u> feet Number of Stages: <u>2</u> |
| Date Pump Installed: <u>6-9-07</u> | |
| Rated Pump Capacity: <u>2200[±]</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 Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours | Air Line Electric Measuring Line Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |

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 |
|---|---|

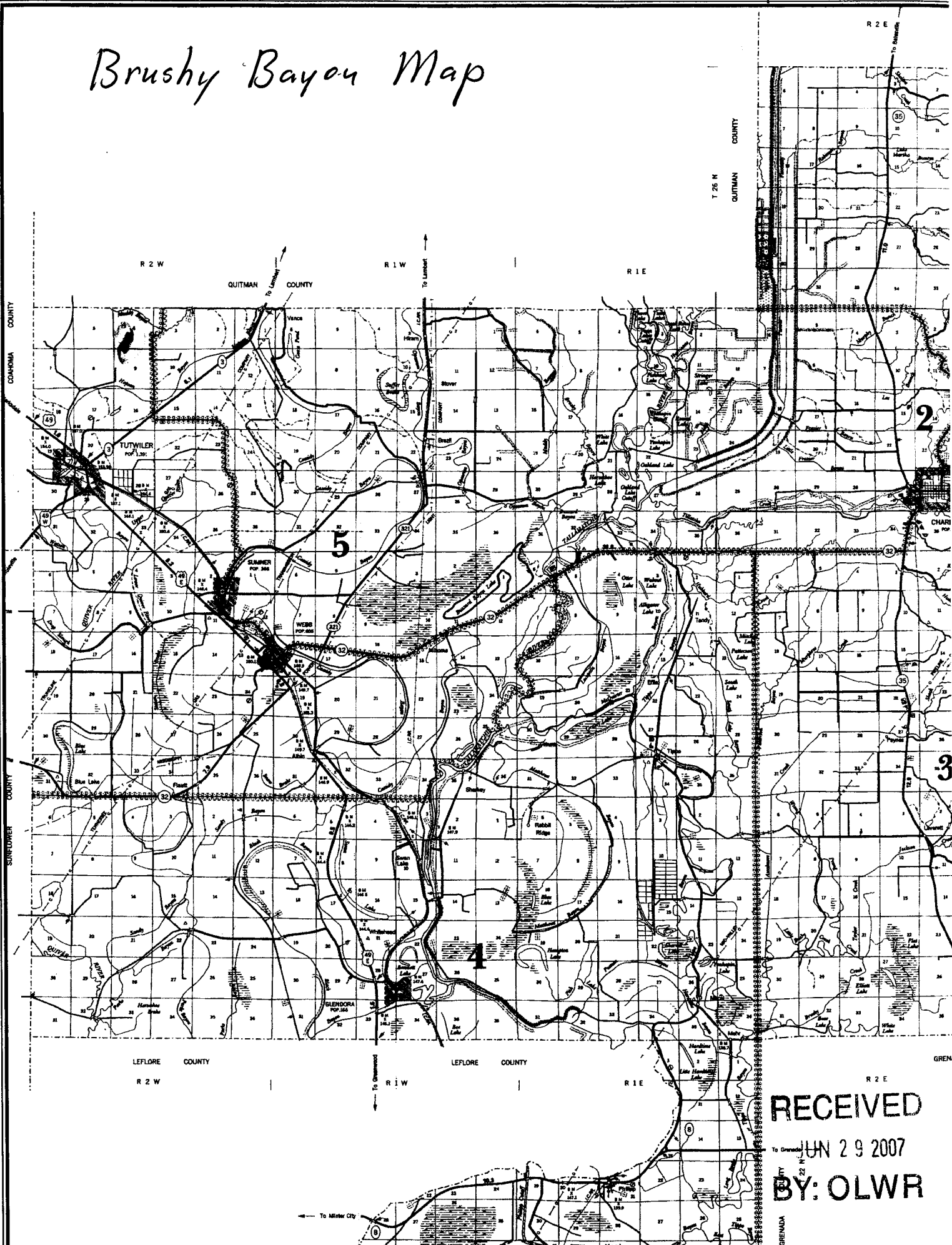
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Brushy Bayou Map



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