

County: Tallahatchie
 Permit #: 42592 ✓
 Driller: Toel Jumper
 Date drilling completed: 5/25/08

State Well Report
 Part I -- Driller's Log

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 1063
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: F 70
 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>Informative on Well Owner (Landowner if borehole is not for a water well) Owner Name: <u>Bryan Robertson</u> Mailing Address: <u>204 North Pawola</u> <u>Charleston MS 38921</u> City State Zip Code Telephone No. <u>662-2647-4601</u></p>	<p>Well or Borehole Location Latitude: <u>33° 59' 25"</u> Longitude: <u>90° 06' 51"</u> Method of Lat/Long (circle one): Conventional Survey, USCS quad, <u>Hand-held GPS</u>, Survey-grade GPS <u>NW 1/4 SW 1/4 Sec 32 Twn 25N Rng 2E</u> Distance Direction Nearest Town _____ Miles _____ of _____</p>
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Well / Borehole Data
 Date drilling started: 5/25/08 Date drilling completed: 5/25/08 Hole depth: 120 Hole diameter: 26"
 Location of the source of any surface water used for drilling: Local Ditch
 Method of dosing and volume of Chlorine used in drilling and development: N/A
 Logs run (circle all applicable): NO log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): N/A
 Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Seismic Survey _____ Other (describe) N/A
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 N/A Other (describe) N/A
 Static Water Level: 4 feet above or below (circle one) land surface Date measured: 5-25-08
 Method of Measurement (circle one) feel tape electric tape air line other: _____
 Well depth: 120 Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 80 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 80 feet to 120 feet
 Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): N/A
 Top of lap pipe or reduction in casing: N/A feet. *If telescoped or more than one screen, describe on next page*

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: Tallahatchi
 Permit #: 0368-42592
 Driller: Joel Jumper
 Date completed: 5/25/08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: F70
 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>Brian Robertson</u>	Latitude: <u>40° 06' 55"</u> Longitude: <u>33° 59' 42"</u>
Mailing Address: _____	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> <u>51</u>
_____	USGS quad _____, Hand-held GPS <input type="checkbox"/> Survey-grade GPS <input type="checkbox"/> <u>25</u>
City _____ State _____ Zip Code _____	<u>NW 1/4 SW 1/4 Sec 32 T25N R. 2E</u>
Telephone No. (____) _____	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input type="checkbox"/>	Electric Motor <input 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>60</u>
Date Pump Installed: <u>5/28/08</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/28/08</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u> <input type="checkbox"/>
Static Water Level (A): <u>10</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>25</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: <u>2500</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Joel Jumper 0368
 Print Name of Pump Installer and License No. (if applicable)

Joel Jumper
 Signature of Pump Installer

Form: OLW

RECEIVED

JUL 25 2011

BY: OLWR