County: Tallahatchie
Permit #: 46697
Driller: Joel Jumper
Date drilling completed: 3-8-13

State Well Report
Part 1 – Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

For Office Use Only:
Aquifer: _____
Well #: J119
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.

Information on Well Owner
(Landowner if borehole is not for a water well)

Owner Name: Flautt J G
Mailing Address: Po Box 130
Sumner Ms 38957
City State Zip Code
Telephone No. (____) _____

Well or Borehole Location

Latitude: 33 ° 56 ' 1 " Longitude: 90 ° 15 ' 59 "
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS ✓
SW ¼ SE ¼ Sec 23 Twn 24N Rng 01W
NE
Distance 2 Miles Direction SE of Nearest Town Webb

Well / Borehole Data

Date drilling started: 3-8-13 Date drilling completed: 3-8-13 Hole depth: 120 Hole diameter: 28in
Location of the source of any surface water used for drilling: Nearest Well
Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____

Purpose of borehole (check one): Water Well ✓ Geotechnical/Geological Investigation___ Ground Source Heat Pump___
Seismic Survey___ Other (*describe*) _____
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 _____ Other (describe) _____
Static Water Level: 21 feet above or below (circle one) land surface Date measured: 3-8-13
Method of Measurement (circle one) steel tape electric tape air line other: _____
Well depth: 120 Well grouted to a depth of 10 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: .50 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): _____
Top of lap pipe or reduction in casing: _____ feet. ***If telescoped or more than one screen, describe on next page***

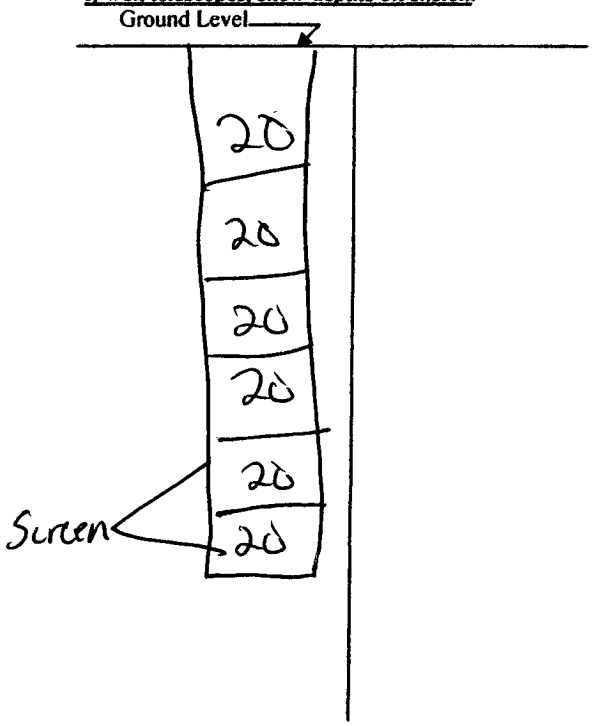
Form: OLWR-SWR-1A (04/08)

RECEIVED
MAR 25 2013
OLWR

J119

The sketch below only required for water wells

If well telescopes, show depths on sketch.

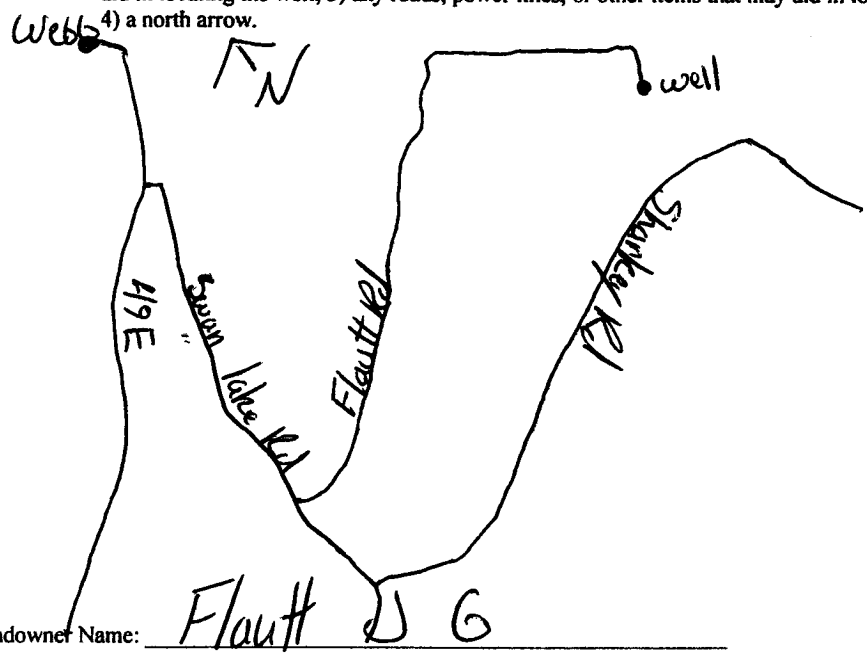


If more than one screen, show location of each on sketch

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Gumbo	Ground Level	20
Sand	20	40
Sand	40	60
Sand + gravel	60	80
Sand + gravel	80	100
gravel + sand	100	120

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) a north arrow.



Landowner Name: Flautt D G

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.

Joel Jumper 5317 — 3-8-13 — Joel Jumper

Print Name of Responsible Licensee and License No. — **Date** — **Signature of Licensee**

RECEIVED
MAR 25 2013
BY: OLWR

County: TALLAHATCHIE

Permit #: GW. 46697

Driller: JOEL JUMAER

Date completed: 3-8-13

Copy information from block on Part 1

STATE WELL REPORT
Part 2
Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961-5210
(601)961-5228 (fax)

For Office Use Only:

Aquifer: J 119

Well #: _____

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

Owner Name: J.G. FLAUTT

Mailing Address: P.O. BOX 130

SUMMER, MS 38957
City State Zip Code

Telephone No. (662) 515-6810

Well Location

Latitude: 33°56' 1" Longitude: 90°15' 59"

Method of Lat/Long (check one): Conventional Survey___, USGS quad___, Hand-held GPS___, Survey-grade GPS___

SW ¼ SE ¼ Sec 23 T 24N R 01W

Distance 2 Miles Direction SE of Nearest Town WEBB

Pump Type
Circle one

Air Lift	Jet	Submersible
Bucket	Piston	Turbine
Centrifugal	Rotary	Flowing Well

Other (specify): _____

Date Pump Installed: 3-8-13

Rated Pump Capacity: 2200 Gallons Per Minute

Power Type
Circle one

Diesel Engine	Gasoline Engine	Natural Gas
Electric Motor	Hand	Tractor PTO
Windmill	Other (specify): _____	

Horse Power Rating of Motor: 60

Setting Depth: 70 feet

Number of Stages: 2

Pump Test Data

Date Well Tested: _____

Static Water Level (A): 21 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

Method of Measuring Water Level
Circle one

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

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

RECEIVED
MAR 29 2013
BY: OLWR

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

DAVID P. HOLT C-752P
Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

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

12-789