

County: Tallahatchie
 Permit #: GW-45294
 Irrigation Equipment
 Driller:
 Date drilling completed: 9-22-11

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 #: 132
 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>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Twilight Partnership</u> Mailing Address: <u>P.O. Box 230</u> <u>Glendora Ms. 38928</u> City State Zip Code Telephone No. ()</p> | <p>Well or Borehole Location</p> <p>Latitude: <u>33° 52' 42.9"</u> Longitude: <u>90° 16' 48.0"</u> Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey, Survey-grade GPS USGS quad, <u>SE 1/4 NE 1/4 Sec 10</u> Twn <u>23N</u> Rng <u>1W</u> Distance Direction Nearest Town <u>1</u> Miles <u>NE</u> of <u>Swan Lake</u></p> |
|--|--|

Well / Borehole Data

Date drilling started: 9-22-11 Date drilling completed: 9-22-11 Hole depth: 122 Hole diameter: 20"

Location of the source of any surface water used for drilling: Surface Water
 Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

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: _____ feet above or below (circle one) land surface Date measured: _____

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

Well depth: 122 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 82 feet Casing diameter: 12 inches Type of casing: PVC
 Screen length: 40 feet Screen diameter: 12 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 next page*

Circle S Irrigation will set pump.

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)

County: Tallahatchie
 Permit #: GW-45294
 Driller: Irrigation Equipment
 Date completed: 9-22-11
Copy information from block on Part 1

For Office Use Only:

Aquifer: Φ 132
 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 | Well Location |
|---|--|
| Owner Name: <u>Twilight Partnership</u> | Latitude: <u>33° 52' 38.99"</u> Longitude: <u>90° 16' 47.57"</u> |
| Mailing Address: <u>P.O. Box 230</u> | Method of Lat/Long (check one): Conventional Survey _____ |
| <u>GLENDORA, MS 38928</u> | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| City State Zip Code | <u>NE 1/4 NE 1/4 Sec 10 T23N R1W</u> |
| Telephone No. (____) _____ | Distance Direction Nearest Town |
| | <u>1/4</u> Miles <u>NE</u> of <u>Swan Lake</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet <input type="radio"/> Submersible <input checked="" type="radio"/> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <input type="radio"/> Turbine <input type="radio"/> | Electric Motor <input checked="" type="radio"/> Hand Tractor PTO |
| Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/> | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>15</u> |
| Date Pump Installed: <u>11-10-11</u> | Setting Depth: <u>60</u> feet |
| Rated Pump Capacity: <u>800</u> Gallons Per Minute | 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.

DAVID P. HOLT 0-752P _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

NOV 23 2011

BY: OLWR *sch*