

County: Tallahatchie
 Permit #: _____
 Driller: Willie Bryant
 Date drilling completed: 3-29-12

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 #: Ø 135
 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 <u>Mike Sturdvant Jr.</u> Mailing Address: <u>Due West Land Co.</u> <u>P.O. Box 230</u> <u>Glendora MS 38928</u> City State Zip Code Telephone No. <u>(662) 458-3008 - Dan Jenks</u> <u>Manager</u> | | Well or Borehole Location Latitude: <u>33° 50' 28" N</u> Longitude: <u>90° 19' 33" W</u> Method of Lat/Long (circle one): <u>46</u> Conventional Survey. USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS <u>NE ¼ SW ¼ Sec 20 Twn 23N Rng 1W</u> Distance Direction Nearest Town <u>2</u> Miles <u>NW</u> of <u>Glendora MS</u> <u>Sturdvant Rd</u> | |
| Well / Borehole Data: Date drilling started: <u>3-29-12</u> Date drilling completed: <u>3-29-12</u> Hole depth: <u>100</u> Hole diameter: <u>6 1/2"</u> Location of the source of any surface water used for drilling: <u>Nearby ditch</u> Method of dosing and volume of Chlorine used in drilling and development: <u>Chlorine Tablets</u> Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i> | | | |
| Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: <u>Wash Rack</u> If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>31'</u> feet above or below (circle one) land surface Date measured: <u>3-29-12</u> Method of Measurement (circle one) steel tape electric tape air line other: <u>Water Level Reader</u> Well depth: <u>100</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>(Bentonite)</u> Mix Casing length: <u>60</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>pvc 160</u> Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>pvc slotted</u> Screen slot size: <u>013</u> inches Setting depth: From <u>60</u> feet to <u>100</u> feet Type of completion (circle all applicable): <u>(Gravel packed)</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____ Top of lap pipe or reduction in casing: <u>-0-</u> feet. <i>If telescoped or more than one screen, describe on next page</i> | | | |

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

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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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: Ø135
 Elevation: _____

County: Tallahatchie

Permit #: _____

Driller: Willie Bryant

Date completed: 3-29-12

Copy information from block on Part 1

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>Mike Sturdivant Jr.</u> | Latitude: <u>33°50.78' N</u> Longitude: <u>90° 19.33' W</u> |
| Mailing Address: <u>Due West Land Co.</u> <u>P.O. Box 230</u> <u>Glendora ms 38928</u> City State Zip Code | Method of Lat/Long (check one): Conventional Survey _____ USGS quad <u>(Hand-held GPS)</u> , Survey-grade GPS _____ <u>NE ¼ SW ¼ Sec 20 T 23N R 1W</u> |
| Telephone No. <u>(662) 458-3008 Dan Jenkins manager</u> | Distance <u>2</u> Miles Direction <u>NW</u> of Nearest Town <u>Glendora MS Sturdivant Rd.</u> |

| Pump Type | Power Type |
|--|--|
| Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u> | Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> |
| Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> | <u>Electric Motor</u> <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>3 HP</u> |
| Date Pump Installed: <u>3-29-12</u> | Setting Depth: <u>63'</u> feet |
| Rated Pump Capacity: <u>90</u> Gallons Per Minute | Number of Stages: <u>7</u> |

| Pump Test Data | Method of Measuring Water Level |
|--|--|
| Date Well Tested: <u>3-29-12</u> | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/> |
| Static Water Level (A): <u>31'</u> Feet Below Land Surface | Other (specify): <u>Water Level Reader</u> |
| Pumping Water Level (B): <u>39</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet |
| Drawdown [(B) - (A)]: <u>8</u> Feet Below Land Surface | Well yielded <u>95</u> GPM with a drawdown of |
| Test Pumping Rate: <u>95</u> Gallons Per Minute | <u>8</u> feet after <u>5</u> hours of pumping |
| Duration of Pump Test (minimum 4 hours): <u>5</u> hours | |

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

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Willie L. Bryant 0-639 Willie L. Bryant
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

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