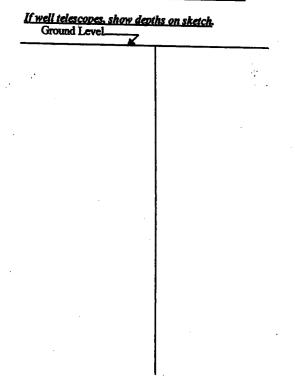
State W	ell Report	
County: 19/19/19/2011 Part 1-1	Driller's Log	For Office Use Only:
	pi Department of Environmental Quality Aquifer.	
Drifer P.O.	Box 2309	Well #: P 73
Date drilling completed: 9-22-// (601)	n, MS 39225 961- 5210 1- 5228 (fax)	L. S. Elevation:
State Law requires that this report be prepared by the lic Department at the above address within 30 down of the		E-log #:
	ense notiter responsible for a pletion of drilling of the well	the work and filed with the
Information on Well Owner (Landowner if borehole is not for a water well)	Well or Be	rehole Location
Owner Name Brown Farms	Latitude: 3. 48. 48.	⁷ Longitude: <u>90 • 11 - 54.2</u> " 52
Mailing Address: P.O. Box 1078	Method of Lat/Long (circle or	ne): Conventional Survey,
		GPS Survey-grade GPS
Charleston Ms. 38921	<u>NE % SW % Sec 33</u>	Twn 23N Rng 1E
City State Zip Code	Distance Direction	Nearest Town
Telephone No. ()	$___\Miles___N_$	of Philipp
Well / Bore	thole Data	·
Date drilling started: <u>9-22-11</u> Date drilling completed: <u>9-22</u>		Hole diameter: <u>20"</u>
	Surface Water	· · · · · · · · · · · · · · · · · · ·
Logs run (circle all applicable) No log run Electric Gamma Ray Name of organization running log(s):		Other:
	······································	·····
Purpose of borehole (check one): Water Well Geotechnical/Geot		Source Heat Pump
Turpose of borehole (check one): Water Well Cecotechnical/Geol Seismic Survey Other (describe If drilling is not related to water well construction	2)	×
Seismic Survey Other (describe	e) on, skip the remainder of this bl	ock
Seismic Survey Other (describe If drilling is not related to water well construction	e)	ock
Seismic Survey Other (<i>describeIf drilling is not related to water_well construction</i> Purpose of Well (check one): Home Industrial Public Supply	e) m. skip the remainder of this bl y IrrigationFish Culture Other (describe)	ockOther:
Seismic SurveyOther (describe If drilling is not related to water well construction Purpose of Well (check one): HomeIndustrial Public Supply If a flowing well, method of flow regulation: Valve O	e) m. skip the remainder of this bi y IrrigationFish Culture Other (describe) land surface Date measured:	ockOther:
Seismic SurveyOther (describe If drilling is not related to water well construction Purpose of Well (check one): HomeIndustrial Public Supply If a flowing well, method of flow regulation: ValveO Static Water Level:feet above or below (circle one) Method of Measurement (circle one) steel tape electric tape	e) <u>on, skip the remainder of this bl</u> yIrrigationFish Culture Other (describe) land surface Date measured: air line other:	eck
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 $\mathbb{P}(7|3)$

The sketch below only required for water wells



wells and boreholes, unless specifically exempted by regulations		
Description of Formations Encountered	From (depth)	o (depth)
Clay	Ground Level	23
Fine Sand	24	38
Fine Sand + Gravel Medium Sand + Gravel	39	44
Micdium Sand + Gravel	45	108
Clay	109	110
· · ·		
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	<u>+</u>	
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	<u> </u>	
	+ ·	

Description of formations encountered must be provided for all

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) a north arrow.

Landowner Name: Brown Farms

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.

Patrick M. Chism 0695

Signature of Licensee

Print Name of Responsible Licensee and License No.

Date

STATE V	VELL REPORT	
Permit #: <u>45407</u> Driller: <u>Irrgation Equiprient</u> Date completed: <u>9-22-11</u> Copy information from block on Part 1 This part of the report must be completed by a licensed water we	Part 2 er's Completion Report ment of Environmental Quality nd and Water Resources O. Box 2309 son, MS 39225 01)961-5210 9961-5228 (fax) Elevation: ell contractor or a licensed pump installer. A copy of Part 1 of the	
report must be attached and both parts filed with the Departmen Well Owner Information	at at the above address within 30 days of well completion. Well Location	
Owner Name: BROWN FARMS	Latitude: 330 48, 58.52 Longitude: 900 11:51.98"	
Mailing Address: P.O. Box 1078	Method of Lat/Long (check one): Conventional Survey,	
<u>Charleston MS 3892/</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS NE $\frac{1}{4}$ Sec 33 T 23 R /E	
Telephone No. ()	Distance Direction Nearest Town <u>4</u> Miles <u>of PL. 11</u>	
Pump Type Circle one	Power Type Circle one	
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas	
Bucket Piston Turbine	Electric Motor Hand Tractor PTO	
Centrifugal Rotary Flowing Well	Windmill Other (specify):	
Other (specify):	Horse Power Rating of Motor:	
Date Pump Installed: 10-le-ll	Setting Depth:feet	
Rated Pump Capacity: 500 Gallons Per Minute	Number of Stages:	
Pump Test Data	Method of Measuring Water Level Circle one	
Date Well Tested:	Air Line Electric Measuring Line Steel Tape	
Pumping Water Level (B):Feet Below Land Surface	Other (specify):	
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet	
Fest Pumping Rate:Gallons Per Minute	Well yielded GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping	
HEREBY CERTIFY that the above statements are true to the best of DAUEN P. HOLT ()-752 P Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer Form: OLWR-SWR-1B (04/08)	

BY: OLWR