

State Well Report

Part 1

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: WASHINGTON
 Permit #: GW-44649
 Driller: J. NEWCOME 0.773
 Date drilling completed: 3-21-2011

For Office Use Only:
 Aquifer: A 233
 Well #: _____
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information
 Owner Name: Pantner Burn Land Co
 Mailing Address: PO Box 273
Stoneville MS 38776
 City State Zip Code
 Telephone No. () _____

Well Location
 Latitude: 33.05 ~~.47~~ Longitude: 90.52 ~~.41~~
50.58 46.28
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad Hand-held GPS Survey-grade GPS
SW 1/4 SW 1/4 Sec 36 Twn 15N Rng 07W
 Distance Direction Nearest Town
4.5 Miles SOUTH of HOLLANDALE

Well Data

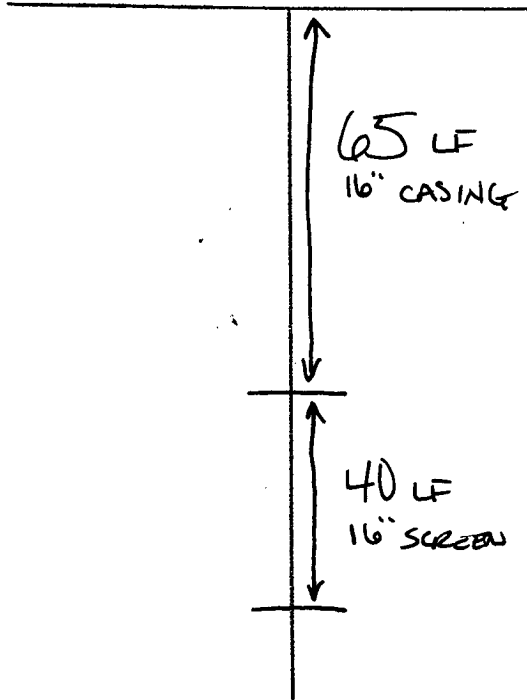
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
 Date well drilling started: 3-21-2011 Date well drilling completed: 3-21-2011
 If flowing, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Hole depth: 107 Well depth: 105 Well grouted to a depth of 10 feet
 Type of grout (circle one): Cement Bentonite Mix
 Casing length: 65 feet Casing diameter: 16 inches Type of casing: P.V.C.
 Screen length: 40 feet Screen diameter: 16 inches Type of screen: P.V.C.
 Screen slot size: .050 inches Setting depth: From 65 feet to 105 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 back of page
 Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____
 I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.
JOHN NEWCOME 0.773 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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 MAR 31 2011
 BY: [Signature]

If well telescopes please sketch below and show depths.

Ground Level



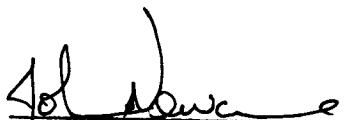
Description of Formations Encountered	From	To
TOP SOIL	0	10
MIX CLAY/FINE SAND	10	30
FINE/FNR SAND	30	65
COARSE SAND/PEA GRAVEL	65	105
BOTTOM	105	107

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) indicate direction.

SEE MAP

Landowner Name: _____


 Signature of Water Well Contractor

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: Washington
 Permit #: GW-44849
 Driller: J. Newcome O-70
 Date completed: 3/21/2011
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 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>Pantner Burn Land Co</u>	Latitude: <u>33° 05' 47"</u> Longitude: <u>89° 52' 41"</u>
Mailing Address: <u>PO Box 273</u>	50.58 46.28
<u>Stoneville MS 38716</u>	Method of Lat/Long (check one): Conventional Survey _____
City State Zip Code	USGS quad <u>Hand-held GPS</u> , Survey-grade GPS _____
Telephone No. (____) _____	<u>SW</u> ¼ <u>SW</u> ¼ Sec <u>36</u> T <u>15N</u> R <u>7W</u>
	Distance <u>4.5</u> Miles Direction <u>S</u> of Nearest Town <u>Hollandale</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>50</u>
Date Pump Installed: <u>3/22/11</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1600</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: _____	Circle one
Static Water Level (A): _____ Feet Below Land Surface	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
Test Pumping Rate: _____ Gallons Per Minute	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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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.

Cony Rowe O-711P [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer