County:	Washingto	<u>n</u>
Permit #:	GW-45594	√
Driller:	Irrigation 1	Equipment
Date drilli	ng completed:	07/31/2012

State Well Report Part 1 – Driller's Log

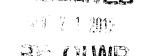
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601) 961-5210
(601) 961-5228 (fax)

	For Office Use Only:	
Aquifer:	A 246	
Well #: L.S. Eleva	tion.	
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.

<i>D</i>		of completion of untiling of the well of borenote.
(Lando)	Information on Well Owner wner if borehole is not for a water well)	Well or Borehole Location
Owner Name	W.E. Hammett Trust	Latitude: 33 ° 29 ' 57 " Longitude: 91 ° 00 ' 21 "
Mailing Address:	904 Medallion Drive	Method of Lat/Long (check one): Conventional Survey,
		☐ USGS quad, ☐ Hand-held GPS, ☐ Survey-grade GPS
	Greenwood Ms 38930	NW 1/4 NW 1/4 Sec 14 V Twn 19N Rng 8W
	City State Zip code	Distance Direction Nearest Town
Telephone No.		2 Miles North of Metcalf
	Well / Bo	orehole Data
Date drilling starte	ed: <u>07/31/2012</u> Date drilling completed: <u>07/3</u>	30/2012 Hole depth: 112 Hole diameter: 24"
	urce of any surface water used for drilling: Surface and volume of Chlorine used in drilling and developm	
Logs run (check al Name of organizat	ion mining log(c):	a Ray
Purpose of boreho	le (check one): Water Well Geotechnical	/Geological Investigation Ground Source Heat Pump
	Seismic Survey Other (a	
· - · · · · · · · · · · · · · · · · · ·	If drilling is not related to water well co	nstruction, skip the remainder of this block
Purpose of Well (c	heck one) 🔲 Home 🔲 Industrial 🔲 Public Sur	oply ☑ Irrigation ☐ Fish Culture ☐ Other:
If flowing, method	of flow regulation: Valve Other (des	scribe)
Static Water Level	: 24 feet above or below (check one) 🗆 lar	nd ⊠ surface Date measured: 08/03/2012
Method of Measur	ement (check one) ⊠ steel tape □ electric tape	□ air line □ other:
Well depth: 112	Well grouted to a depth of feet	Type of grout (check one): Neat Cement Bentonite Mix
Casing length:	feet Casing diameter: 16	inches Type of casing: PVC
Screen length: _4	creen length: 40 feet Screen diameter: 16 inches Type of screen: PVC	
Screen slot size:	.050 inches Setting depth: From	73 feet to 112 feet
Type of completion	n (check all applicable): 🛛 Gravel packed 🔲 U	Inderreamed 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)



The sketch	below	only	required	for	water	wells

If w	vell	telescopes,	show	depths	on	sketch.

f well	telescopes,	show	depths	on	sketch

Ground level		
	1	
	1	
	-	
	1	
	1	
	1	

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)
Clay	Ground level	33
Medium Sand & Gravel	34	109
Clay	110	112

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

aid in	ayout and include the following: 1) the well location; 2) any permanent struct locating the well; 3) any roads, power lines, or other items that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the well location; 2) any permanent struct	cures on the property that may cating the property and the well;
·,		
Landowner Name:	W.E. Hammett Trust	
I certify that the well/bo	rehole was drilled, constructed, and completed in accordance with all applicable	Form: OLWR-SWR-1A (04/08) requirements of the

Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Patrick Chism

0695

08/13/2012

Print Name of Responsible Licensee and License No.

Date



STATE WELL REPORT

Agylo

	WW7 In Sec
County:	Washington
Permit #:	GW-45594
Driller:	Irrigation Equipment
Date drill	ing completed: 07/31/2012

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)

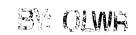
	For Office Use Only:
Aquifer:	· · · · · · · · · · · · · · · · · · ·
Well #:	124411
Elevation:	

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: W.E. Hammett Trust Latitude: 33 29' 57.7 N Longitude: 91 00' 21.1 W Conventional Survey, Mailing Address: 904 Medallion Drive Method of Lat/Long (check one): ☐ USGS quad, ☐ Hand-held GPS, ☐ Survey-grade GPS Greenwood Ms 38930 NW 1/4 NW 1/4 Sec 14 T 19N R 8W City State Zip code Distance Direction Nearest Town Telephone No. () -2 Miles North of Metcalf **Pump Type Power Type** Check one Check one ☐ Air Lift ☐ Jet Submersible Diesel Engine Gasoline Engine Natural Gas Bucket Piston Turbine Electric Motor ☐ Hand Tractor PTO ☐ Centrifugal Rotary ☐ Flowing Well Other (specify): ☐ Windmill Horse Power Rating of Motor: 60 Other (specify): Date Pump Installed: 08/03/2012 Setting Depth: 70 feet Rated Pump Capacity 2500+/- Gallons Per Minute Number of Stages: **Pump Test Data** Method of Measuring Water Level Check 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 Drawdown [(B) - (A)]: _____ Feet Below Land Surface For flowing well, measured shut in head: Well yielded _____ Gallons Per Minute Test Pumping Rate: GPM with a drawdown of Duration of Pump Test (minimum 4 hours): feet after hours of pumping This is for (check one): New Well Replacement of Existing Pump Repair of Existing Pump

0695

Signature of Pump Installer

orm: OLINR-SWR-1C (07-99)



Print Name of Pump Installer and License No. (if applicable)

Patrick Chism

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