

County: Washington
 Permit #: _____
 Driller: W. Bryant
 Date drilling completed: 9-2-12

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 #: A 252
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Markeeta B. Williams</u>	Latitude: <u>33° 30' 38" N</u> Longitude: <u>91° 06' 30" W</u>
Mailing Address: <u>994 Legion Dr.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>114</u>
<u>Greenville MS 38703</u> City State Zip Code	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
Telephone No. <u>662.394-1244</u>	<u>NW</u> ¼ <u>SW</u> ¼ Sec <u>25</u> Twn <u>19N</u> Rng <u>9W</u>
	Distance <u>2</u> Miles Direction <u>N</u> of Nearest Town <u>Greenville MS</u>
	<u>124 DP+L Rd. Whiterville, MS</u>

Well / Borehole Data

Date drilling started: 9-2-12 Date drilling completed: 9-2-12 Hole depth: 100 Hole diameter: 6 1/2

Location of the source of any surface water used for drilling: Near by ditch

Method of dosing and volume of Chlorine used in drilling and development: _____

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: 20 feet above or below (circle one) land surface Date measured: 9-3-12

Method of Measurement (circle one) steel tape electric tape air line other: water level Reader

Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 4 inches Type of casing: PVC 160

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: .016 inches Setting depth: From 70 feet to 100 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: - 0 - feet. *If telescoped or more than one screen, describe on next page*

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

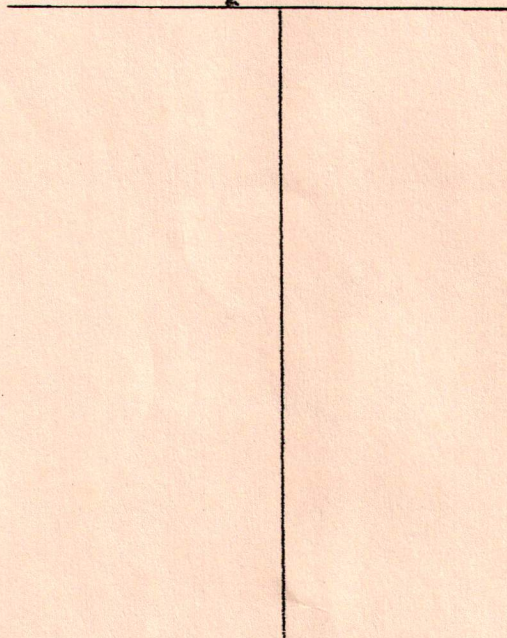
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A-252

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

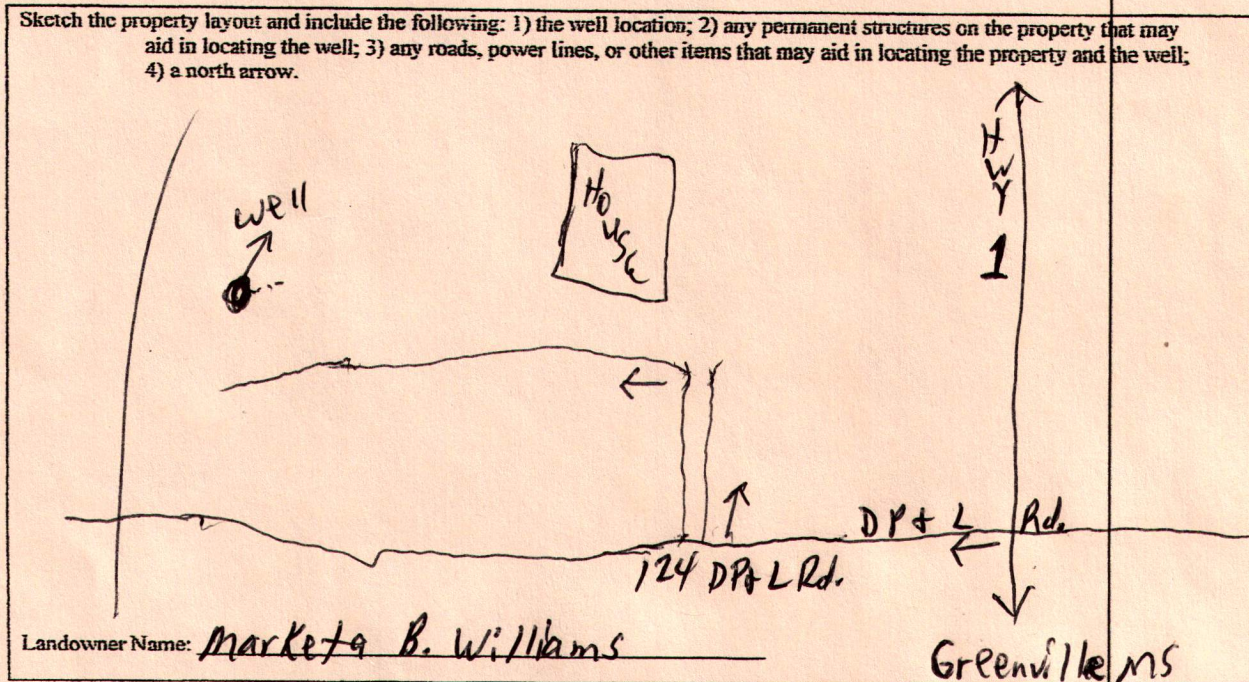


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	16
Fine sand	16	28
Fine sand + clay	28	40
Fine sand + clay	40	60
Coarse sand	60	80
gravel	80	100

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.



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.

Willie L. Bryant 0-639 9-12-12
 Print Name of Responsible Licensee and License No. Date

Willie L. Bryant
 Signature of Licensee

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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)

County: Washington
 Permit #: _____
 Driller: W. Bryant
 Date completed: 9-8-12
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: A 252
 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>Marketa B. Williams</u>	Latitude: <u>33° 30.38' N</u> Longitude: <u>091° 06.68' W</u>
Mailing Address: <u>994 Legion Dr.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Greenville MS 38703</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>25</u> T <u>19N</u> R <u>9W</u>
Telephone No. <u>(662) 394-1244</u>	Distance _____ Miles Direction _____ Nearest Town _____
	<u>1.24</u> Miles <u>N</u> of <u>Greenville, MS</u> <u>724 D P + L Rd, Winterville, MS</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	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"/>	Electric Motor <input checked="" 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>1.5</u>
Date Pump Installed: <u>9-4-12</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>35</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>9-8-12</u>	Circle one
Static Water Level (A): <u>20</u> Feet Below Land Surface	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Pumping Water Level (B): <u>25</u> Feet Below Land Surface	Other (specify): <u>Sonic water level Reader</u>
Drawdown [(B) - (A)]: <u>5</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Test Pumping Rate: <u>45</u> Gallons Per Minute	Well yielded <u>45</u> GPM with a drawdown of _____
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<u>5</u> feet after <u>4</u> hours of pumping

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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