

County: Washington  
 Permit #: GW-45887 ✓  
 Driller: Clarence McMurray  
 Date drilling completed: 3-5-12

**State Well Report**  
**Part I - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2307  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

**For Office Use Only:**  
 Aquifer: B 104  
 Well #: \_\_\_\_\_  
 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.*

<p><b>Information on Well Owner</b>          (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Cypress Planting Co.</u>          Mailing Address: <u>102 Peninsula Dr</u>  <u>Leland MS 38756</u>          City State Zip Code          Telephone No. <u>(662) 754-6270</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>33° 28' 39.32"</u> Longitude: <u>90° 52' 59.44"</u>          Method of Lat/Long (circle one): Conventional Survey, <input type="checkbox"/>          USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>  <u>NW 1/4 SW 1/4 Sec 24 Twn 19N Rng 07W</u>          Distance Direction Nearest Town  <u>5 Miles North of Leland</u></p>
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**Well / Borehole Data**

Date drilling started: 3-5-12 Date drilling completed: 3-5-12 Hole depth: 135' Hole diameter: 26"

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

Method of Measurement (circle one) steel tape  electric tape \_\_\_\_\_ air line \_\_\_\_\_ other: \_\_\_\_\_

Well depth: 135' Well grouted to a depth of 10 feet Type of grout (circle one): ~~Neat Cement~~ Bentonite Mix

Casing length: 75' feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 75 feet to 135 feet

Type of completion (circle all applicable):  Gravel packed \_\_\_\_\_ Underreamed \_\_\_\_\_ Telescoped \_\_\_\_\_ Open hole \_\_\_\_\_ Natural Development \_\_\_\_\_  
 Other (describe): \_\_\_\_\_

Top of 1st pipe or reduction in casing: N/A feet. *If telescoped or more than one screen, describe on next page*

Replacement Well



### 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-45887  
 Driller: John Rybolt, IV  
 Date completed: 3-20-12  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: B104  
 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>Cypress Planting Company</u>	Latitude: <u>N 33° 28' 39.32"</u> Longitude: <u>W 90° 52' 55.41"</u>
Mailing Address: <u>102 Peninsula Dr</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Leland</u> <u>MS</u> <u>38756</u>	<u>1/4</u> <u>1/4</u> Sec <u>24</u> T. <u>19N</u> R. <u>07W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 754-6270</u>	<u>5</u> Miles <u>North</u> of <u>Leland</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): <u>Gear Drive</u>
Other (specify): _____	Horse Power Rating of Motor: <u>600</u>
Date Pump Installed: <u>3-20-12</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NOT TESTED</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>27</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown ((B) - (A)): <u>N/A</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	

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

Clayton Miller 0-703 Clayton Miller  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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