

County Washington
 Permit #: MS-GW-46821 ✓
 Driller: Clarence McMurry
 Date drilling completed: 3-4-13

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 38225
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: B114
 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>Cypress Planting Co.</u> Mailing Address: <u>102 Peninsula Dr.</u> <u>Leland</u> <u>MS</u> <u>38756</u> City State Zip Code Telephone No. <u>(662) 379-1645</u>	Latitude: <u>33° 28' 27.0"</u> Longitude: <u>90° 52' 59.0"</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4</u> <u>sec 24</u> <u>Twn 15N</u> <u>Rng 07W</u> Distance <u>4.7</u> Miles <u>North</u> of <u>Leland</u> # <u>1697</u>
Well / Borehole Data	
Date drilling started: <u>3-4-13</u> Date drilling completed: <u>3-4-13</u> Hole depth: <u>125'</u> Hole diameter: <u>26"</u> Location of the source of any surface water used for drilling: <u>well 20' away</u> Method of dosing and volume of Chlorine used in drilling and development: _____ Logs run (circle all applicable): <u>NO LOG RUN</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) <u>Replaces 02782</u> <i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____ If a flowing well, method of flow regulation: Valve _____ Other (describe) <u>N/A</u> Static Water Level: <u>27</u> feet above or below (circle one) land surface Date measured: <u>3-16-13</u> Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____ Well depth: <u>125'</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix Casing length: <u>75</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u> Screen length: <u>50</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>.050</u> inches Setting depth: From <u>75</u> feet to <u>125</u> feet Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____ Top of lap pipe or reduction in casing: <u>N/A</u> feet. <i>If telescoped or more than one screen, describe on next page</i>	

Form: OLWR-SW-14 (01/08)

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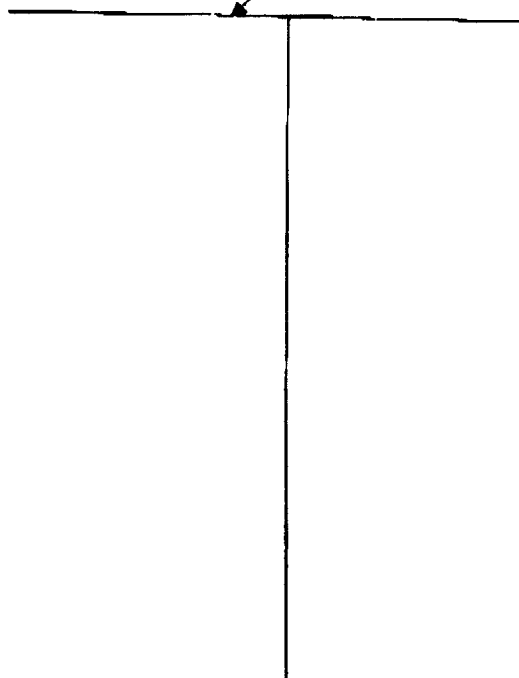
BY: OLWR

3114

The sketch below only required for water wells

If well telescopes, show depths on sketch

Ground Level →

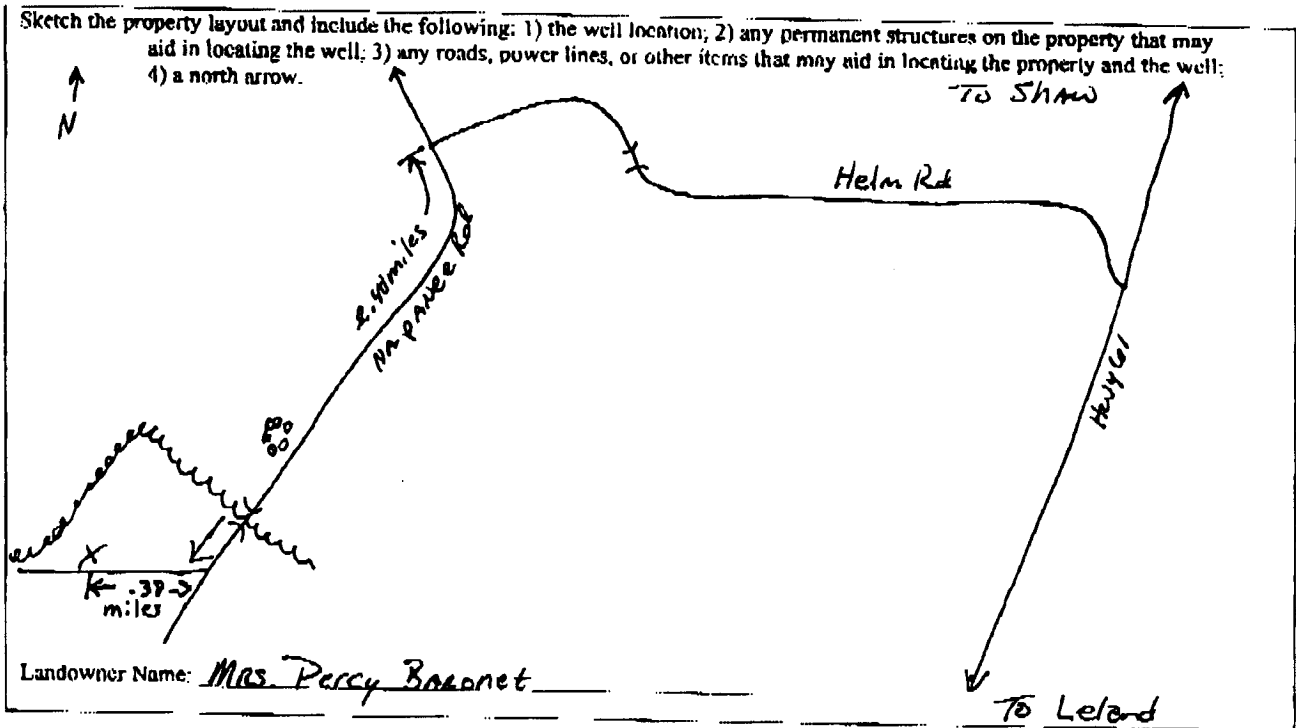


Description of formations encountered must be provided for all wells and borings, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
CLAY	Ground Level	21
Fine Sand	21	29
Medium Sand	29	38
Medium/Coarse Sand & fine gravel	38	65
Medium/Coarse Sand & gravel	65	88
Coarse Sand & gravel	88	98
Medium Sand	98	106
Coarse Sand & gravel	106	125

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: Mrs. Percy Barnett

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.

Clayton Miller 0-703

3-18-13

Clayton Miller

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Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

BY: OLWR

County: Washington
 Permit #: MS 6W-46821
 Driller: Michael Wells
 Date completed: 3-16-13
 Copy information from block on Part 1

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)

For Office Use Only:
 Aquifer: _____
 Well #: B114
 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 Co</u>	Latitude: <u>N 33° 28' 24.60"</u> Longitude: <u>W 90° 53' 59.27"</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> City State Zip Code	<u>SW</u> <u>1/4</u> <u>SW</u> <u>1/4</u> Sec. <u>24</u> T. <u>19N</u> R. <u>07W</u>
Telephone No. <u>(662) 379-1645</u>	Distance _____ Direction _____ Nearest Town _____ Miles of

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input 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"/> <u>Puffline</u> <input checked="" type="checkbox"/>	<u>Electric Motor</u> <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>50</u>
Date Pump Installed: <u>3-16-13</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>2</u>

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

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

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