County: WASHINGTON

Permit #: GW - 45614 1

Driller: T.NEW COME 0:773

Date drilling completed: W-31-2011

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: L 192
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.

Department at the above address within 30 days of comp	letion of drilling of the well or borehole.
Information on Well Owner	Well or Borehole Location
(Landowner if borehole is not for a water well)	Latitude: 33 .12 .33" Longitude: 90 .52 . 10 "
Owner Name Bruton Farms Part nership	Method of Lat/Long (circle one): Conventional Survey,
Mailing Address: Y.O. Box 522	USGS quad, Hand-held GPS Survey-grade GPS
Hollandale MS 38748 City State Zip Code	Distance Direction Nearest Town 3.5 Miles N of HOLLANDALE
Telephone No. ()	
Well / Bore	
Date drilling started: 10-31-20 Date drilling completed: 10.31-20	Hole depth: 112 Hole diameter: 20"
Location of the source of any surface water used for drilling: CRE Method of dosing and volume of Chlorine used in drilling and devel	DEK Opment: CHWZINE TABLET
Logs run (circle all applicable). No log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron Other:
Purpose of borehole (check one): Water Well X Geotechnical/Geole	ogical Investigation Ground Source Heat Pump
Seismic Survey Other (describe If drilling is not related to water well construction)n, skip the remainder of this block
Purpose of Well (check one): Home Industrial Public Supply	
If a flowing well, method of flow regulation: Valve O	ther (describe)
Static Water Level:feet above or below (circle one) l	and surface Date measured:
Method of Measurement (circle one) steel tape electric tape	air line other:
Well depth: Well grouted to a depth of 10 feet Type	of grout (circle one): Neat Cement Bentonite Mix
Casing length:feet	
Screen length:feet	inches Type of screen: P.V.C.
Screen slot size: .050 inches Setting depth: From_	75 feet to IIO feet
Type of completion (circle all applicable): Gravel packed Under	reamed Telescoped Open hole Natural Development
Other (describe):	
Top of lap pipe or reduction in casing: feet. If tell	escoped or more than one screen, describe on next page

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



TOP SOLV Ground Level 1	The sketch below only required for water wells	Description of formations encountered must be provided for all		
Ground Level Description of Formations Encountered From (depth) To (depth) T	If well telescopes, show depths on sketch.	wells and boreholes, unless specifically	exempted by regu	lations
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. SEE MAP Landowner Name: Form: OLWR-SWR-1A (04/08 insissispip) Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state wes.	Ground Level		From (depth)	Γο (depth)
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	THY TEMOPIE U. III	212011 - Jac Non		=

Signature of Licensee

County: WASHINGTON
Permit #: GW · 45(014
Driller: J. NEWCOME 0.773

Date completed: 10.31-2011

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

For Office Use Only:		
Aquifer:		
Well #:	L192	
Elevation:		

(601)961-5228 (fax) Copy information from block on Part 1 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: BRUTON YARTHUSH IP Mailing Address: Method of Lat/Long (check one): Conventional Survey , Hand-held GPS Survey-grade GPS Miles Direction Nearest Town Telephone No. (Pump Type Power Type Circle one Circle one Natural Gas Submersible Diesel Engine Gasoline Engine Air Lift Jet Turbine Electric Motor Hand Tractor PTO Bucket Piston Other (specify): Centrifugal Flowing Well Windmill Rotary Horse Power Rating of Motor: Other (specify): Date Pump Installed: 11-1-2011 Setting Depth: 1200 Rated Pump Capacity: Gallons Per Minute Number of Stages: Method of Measuring Water Level **Pump Test Data** Date Well Tested: Circle one Air Line Electric Measuring Line Steel Tape Static Water Level (A): Other (specify) Pumping Water Level (R): Feet Below Land Surface Drawdown [(B) - (A)]: ______Feet Below Land Surface For flowing well, measured shut in feet GPM with a drawdown of Test Pumping Rate: Gallons Per Minute Well yielded hours of pumping feet after Duration of Pump Test (minimum 4 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)

Signature of Pump Installer

Form: OLWR-SWR-10