

BRUNTON

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 #: P183
L. S. Elevation: _____
E-log #: _____

County: Washington
Permit #: GW-45449
Driller: J. NEWCOME 0-773
Date drilling completed: 7-9-2011

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.

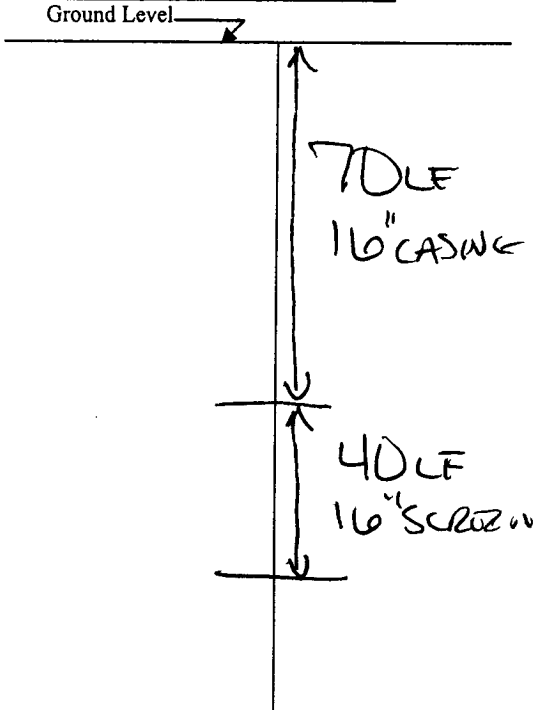
<p align="center">Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name <u>Bruton Farms Partnership</u> Mailing Address: <u>P.O. Box 522</u> <u>Hollandale MS 38748</u> City State Zip Code Telephone No. () _____</p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>33° 09' 54"</u> Longitude: <u>90° 49' 36"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <u>NE</u> 1/4 <u>NW</u> 1/4 Sec <u>09</u> Twn <u>15N</u> Rng <u>06W</u> Distance Direction Nearest Town <u>1</u> Miles <u>EAST</u> of <u>HOLLADALE</u></p>
Well / Borehole Data	
Date drilling started: <u>7-9-2011</u> Date drilling completed: <u>7-9-2011</u> Hole depth: <u>112</u> Hole diameter: <u>24"</u>	
Location of the source of any surface water used for drilling: <u>DITCH</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>CHLORINE PELLET</u>	
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) _____	
<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) _____	
Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____	
Method of Measurement (circle one) steel tape electric tape air line other: _____	
Well depth: <u>110</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix	
Casing length: <u>70</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>P.V.C.</u>	
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>P.V.C.</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>70</u> feet to <u>110</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: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

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

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BY: OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch.



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)
TOP SOIL	Ground Level	10
FINE SAND	10	40
MED FINE	40	70
COARSE SAND / GRAVEL	70	110

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: _____

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.

JOHN NEWCOME 0.773 7.9.2011 John Newcome
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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 #: 45449
 Driller: J. Newcome
 Date completed: 7/9/11
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: P183
 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>Bryton Farms Pr</u>	Latitude: <u>33° 09.54"</u> Longitude: <u>90° 49.36"</u>
Mailing Address: <u>P.O. Box 522</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Hollandale MS 38748</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 NW 1/4 Sec 09 T 15N R 06W</u>
Telephone No. (____) _____	Distance _____ Miles Direction <u>East</u> of Nearest Town <u>Hollandale</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>50</u>
Date Pump Installed: <u>7/12/11</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1500</u> Gallons Per Minute	Number of Stages: <u>1</u>

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

Cony Rowe 0-711P [Signature] **RECEIVED**
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1C 407-09
 OCT 13 2011
BY: OLWR