

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)

County: Yazoo
 Permit #: GW-46040 45990
 Driller: Clearence McMurry
 Date drilling completed: 3-9-12

For Office Use Only:
 Aquifer: A 86
 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.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Phillips Bros Farm</u>	Latitude: <u>N 32.59.64"</u> Longitude: <u>W 89.23.14.44"</u>
Mailing Address: <u>4024 Money Junck Rd</u>	Method of Lat/Long (circle one): Conventional Survey _____ USGS quad: <u>NW 1/4 56</u> Sec <u>10</u> Twn <u>13N</u> Rng <u>2W</u>
<u>Yazoo City MS 39194</u>	Distance _____ Miles Direction _____ Nearest Town _____
Telephone No. <u>(662) 746-4408</u>	

Well / Borehole Data

Date drilling started: 2/9/12 Date drilling completed: 3/9/12 Hole depth: 122 Hole diameter: 26"

Location of the source of any surface water used for drilling: Pond
 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: 21 feet above or below (circle one) land surface Date measured: 3-11-12

Method of Measurement (circle one) steel tape _____ Electric tape _____ air line _____ other: _____

Well depth: 117' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement _____ Bentonite _____ Mix _____

Casing length: 67 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth From 67 feet to 117 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: N/A feet *If telescoped or more than one screen, describe on next page*

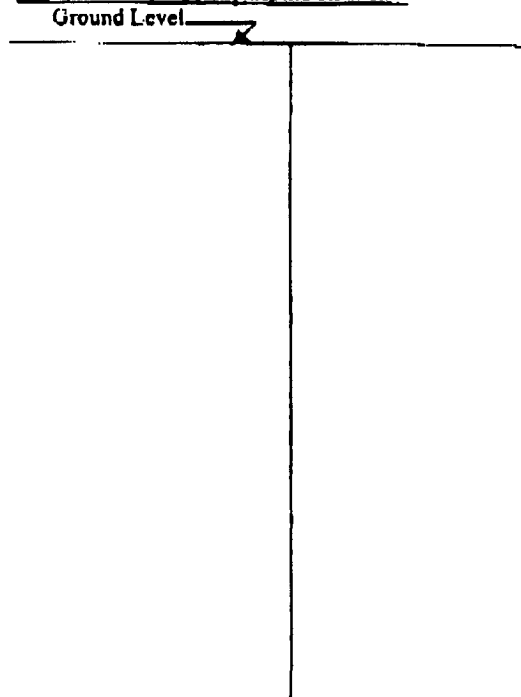
Replaces GW02759

A86

The sketch below only required for water wells

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

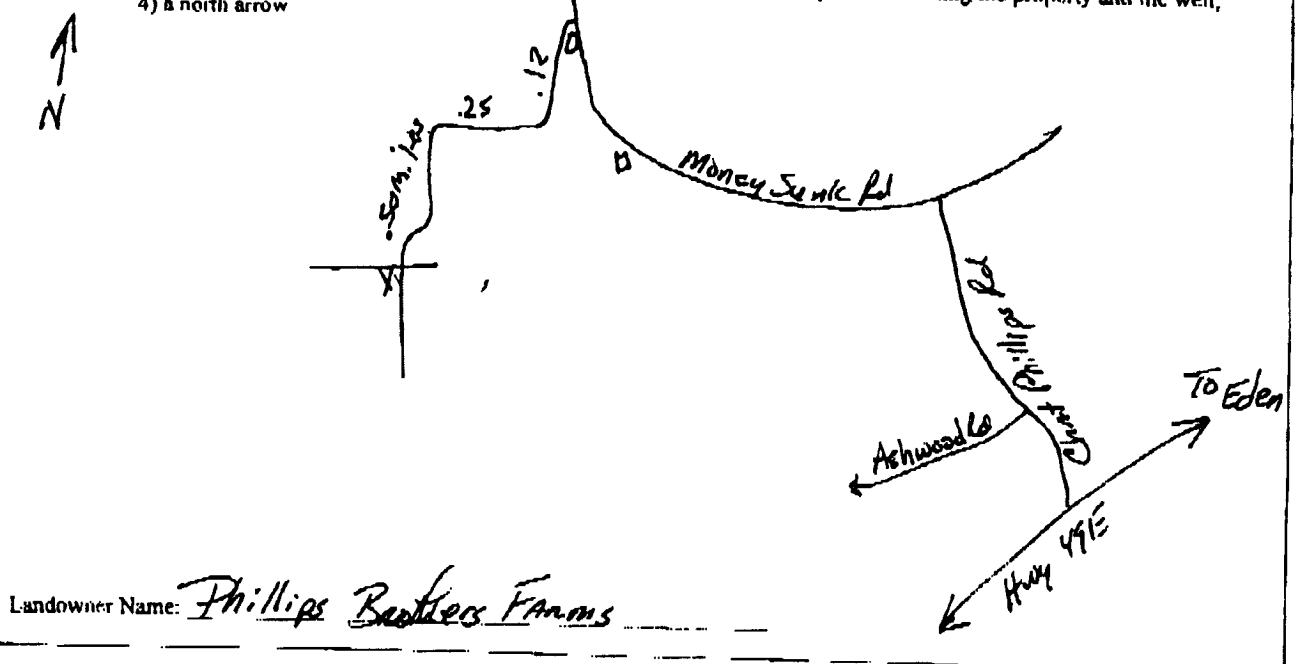
If well telescopes, show depths on sketch



Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	33.5
Med. fine/coarse sand & pea gravel	33.5	99
Coarse Sand & gravel	99	116
Coarse Sand & gravel & clay	116	119
Medium Sand & clay	119	121
Fine Sand & clay	121	122

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: OI.WR-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.

Print Name of Responsible Licensor and Licensee No. Clayton Miller 0-703 Date 3-16-11 Signature of Licensee Clayton Miller

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: YAZOO
 Permit #: GW-46040
 Driller: John Rybolt IV
 Date completed: 3-14-12
 Copy information from black on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: A86
 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>Phillips Bros. Farm</u>	Latitude: <u>N32°59' 6.64"</u> Longitude: <u>W90°23'14.44"</u>
Mailing Address: <u>4024 Money Sunk Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Yazoo City MS 39194</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>10</u> T <u>13N</u> R <u>02W</u>
Telephone No. <u>(662) 746-4408</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type 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"/>
Rocket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u>	Electric Motor <input 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>60</u>
Date Pump Installed: <u>3-14-12</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NOT TESTED</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>21</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