

County: Bolivar
 Permit #: GW-45435
 Driller: Clarence McMurry
 Date drilling completed: 7-18-11

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: U81
 Well #: A141
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Kenneth Hood</u>	Latitude: <u>N33° 59' 27.47"</u> Longitude: <u>W90° 56' 11.21"</u>
Mailing Address: <u>Perthshire Farms</u> <u>154 Perthshire Rd.</u> <u>Gunnison MS 38746</u>	Method of Lat/Long (circle one) Conventional Survey, <u>USGS quad</u> , <u>Hand-held GPS</u> , <u>Survey-grade GPS</u>
City: _____ State: _____ Zip Code: _____	<u>SW 1/4 Sec 33 Twa 25N Rng 07W</u>
Telephone No. <u>(662) 627-7246</u>	Distance: <u>3.3</u> Miles Direction: <u>N</u> of Nearest Town: <u>Gunnison</u>
	<u>#1351</u>

Well / Borehole Data

Date drilling started: 7-18-11 Date drilling completed: 7-18-11 Hole depth: 123' Hole diameter: 26"

Location of the source of any surface water used for drilling: near by well
 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 Y 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 Y Fish Culture _____ Other: _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) N/A

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

Casing length: 22 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 72 feet to 122 feet

Type of completion (circle all applicable): Gravel packed Undersanded 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*

Well Only

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: BOLIVAR
 Permit #: GW-45435
 Driller: MED-SOUTH WATER
 Date completed: 7-18-11
Copy information from block on Part 1

For Office Use Only:

Aquifer: A 1A1
 Well #: _____
 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>Perthshire Farms</u>	Latitude: <u>33°59'21.47"</u> Longitude: <u>90°56'11.21"</u>
Mailing Address: <u>RFD BOX 500</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Garrison</u> <u>MS</u> <u>38746</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 33 T25N R 7W</u>
Telephone No. <u>(662) 747-2223</u>	Distance Direction Nearest Town
	<u>1.72</u> Miles <u>NW</u> of <u>Perthshire</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>100</u>
Date Pump Installed: <u>8-2-11</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>900</u> Gallons Per Minute	Number of Stages: <u>3</u>

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

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

DAVID P. HOLT 0-752P _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 Form: OLWR-SWR-15 (04/08)

AUG 22 2011

BY: OLWR 11-155



Dean A. Pennington, PhD
Executive Director
P. O. Box 123
Stoneville, MS 38776
Tel.: (662) 686-7712
Fax: (662) 686-9078
www.ymd.org

Yazoo Mississippi Delta Joint Water Management District

A141

August 16, 2011

Perthshire Farms / Kenneth Hood
154 Perthshire Rd
Gunnison MS 38746

RE: Well Construction / Drilling

Permit No: GW-45435

Dear Perthshire Farms / Kenneth Hood,

This authorization letter is for the construction of a new well that is to be drilled in the Mississippi River Valley Alluvial Aquifer. Your application has been received and is currently being processed.

**Location: SW1/4 of the SW1/4 Section 33 Township 25N Range 07W County Bolivar
Latitude: 33 59 27 Longitude: 90 56 10**

A copy of this notice or a water use permit must be attached to the State Well Report. This report is a requirement of the State Well Drillers Regulation. A copy of this report must be mail or faxed to YMD Joint Water Management District.

If you have any questions please call our office at 662/686-7712.

Sincerely,

Dillard Melton Jr.
Permitting Director