

**State Well Report
Part I - 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)

County: Bolivar
Permit #: GW-48583
Driller: Joel Sumper
Date drilling completed: 12-2-14

For Office Use Only:

Aquifer: _____
Well #: A 165
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.

<p align="center">Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Watt Planting Company</u> Mailing Address: <u>Po Box 429</u> <u>Clarksdale Ms 38614</u> City State Zip Code Telephone No. () _____</p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>34° 05' 41"</u> Longitude: <u>90° 51' 01"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>Hand-held GPS</u>, Survey-grade GPS <u>NW 1/4 SE 1/4 Sec 30 Twn 26 N Rng 06 W</u> Distance Direction Nearest Town <u>1 1/2</u> Miles <u>S</u> of <u>Rehoboth</u></p>
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Well / Borehole Data

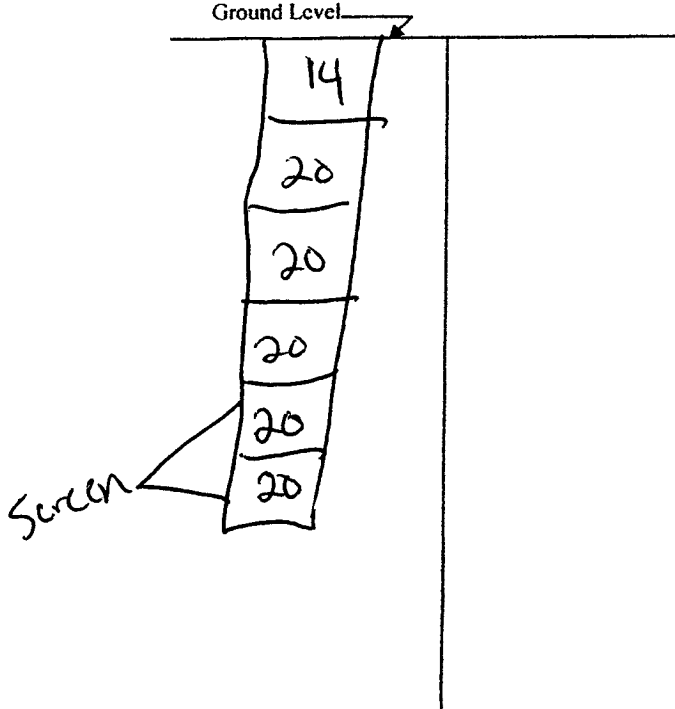
Date drilling started: 12-2-14 Date drilling completed: 12-2-14 Hole depth: 114 Hole diameter: 18
Location of the source of any surface water used for drilling: Nearest Well
Method of dosing and volume of Chlorine used in drilling and development: _____
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (check one): Water Well 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: 12 feet above or below (circle one) land surface Date measured: 12-2-14
Method of Measurement (circle one) steel tape electric tape air line other: _____
Well depth: 114 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 74 feet Casing diameter: 6 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 6 inches Type of screen: PVC
Screen slot size: 0.35 inches Setting depth: From 7-0 feet to 114 50 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: _____ feet. *If telescoped or more than one screen, describe on next page*

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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)
Gumbo	Ground Level	20
Gumbo	20	40
Sand	40	60
Coarse sand	60	80
Gravel	80	100
Gravel	100	114

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.

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Landowner Name: Watts Planting Company

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.

Joel Jumper 5317
Print Name of Responsible Licensee and License No.

12-2-14
Date

[Signature]
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 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

County: Bolivar
 Permit #: GW-48583
 Driller: Joel Jumper
 Date completed: 12-2-14
Copy information from block on Part 1

For Office Use Only:

Well #: A165
 Aquifer: _____

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>Watts Planting Company</u>	Latitude: <u>34-05-41</u> Longitude: <u>90-51-01</u>
Mailing Address: <u>Po Box 429</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Clarksdale</u> <u>Ms</u> <u>38614</u>	<u>NW</u> ¼ <u>SE^{SW}</u> ¼, Sec. <u>3029</u> , T. <u>26N</u> , R. <u>06W</u>
City State Zip Code	<u>1/2</u> Miles <u>S</u> of <u>Rochdale</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 12-2-14 Rated Pump Capacity: 600 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 7.5 Setting Depth: 50 feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: 12-2-14 Duration of Pump Test (minimum 4 hours): 8 hours

Static Water Level (A): 12 Feet Below Land Surface Pumping Water Level (B): 26 Feet Below Land Surface

Drawdown [(B) - (A)]: 14 Feet Below Land Surface Test Pumping Rate: 600 Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: _____

Is This Meter (circle one): New Repaired Replacement

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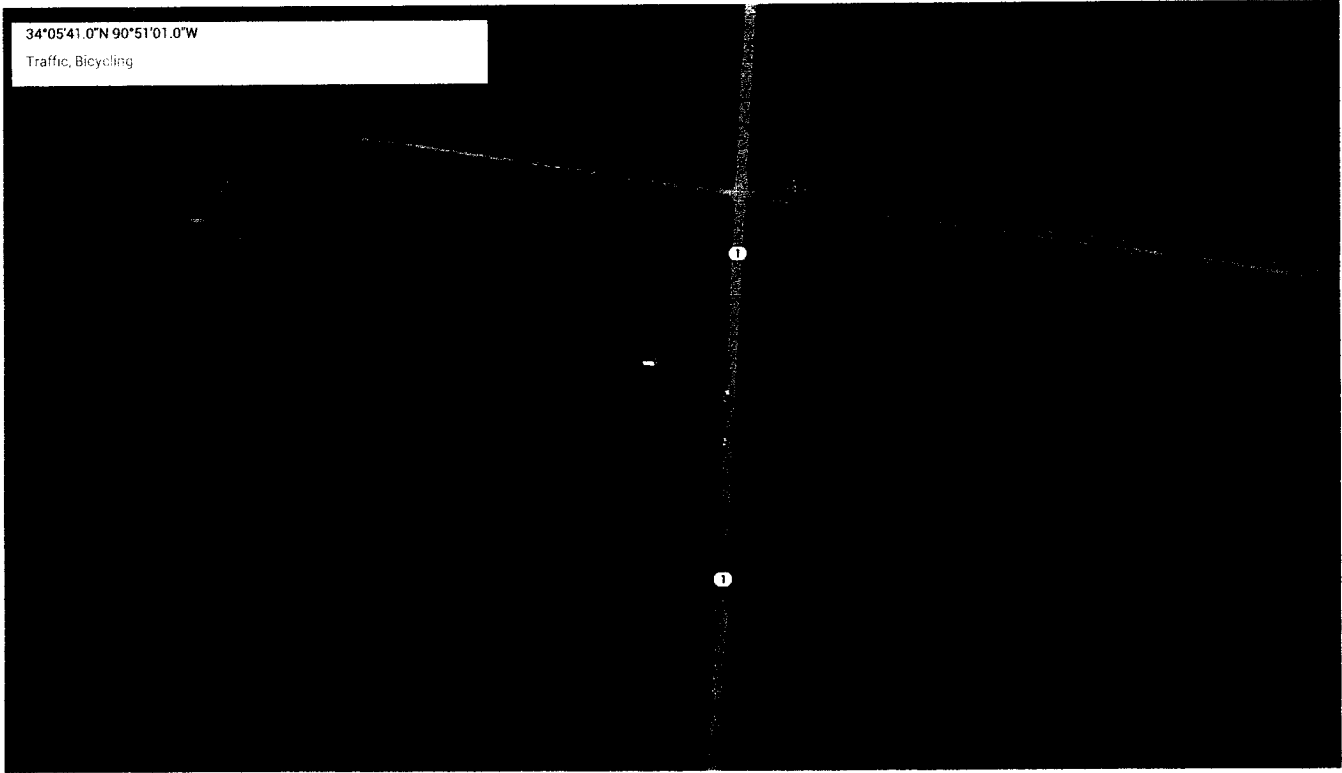
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

Joel Jumper 5317 12-3-14 Joel Jumper

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-SWK-1B (1/13)



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