

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)

For Office Use Only:

Aquifer:
Well #: B202
L. S. Elevation:
E-log #:

County: Bolivar
Permit #: GW-46807
Driller: Joel Jumper
Date drilling completed: 1-15-15

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)

Owner Name: Southland Farms
Mailing Address: 4174 Baby New Africa Rd
Clarksdale Ms 38614
City State Zip Code
Telephone No.:

Well or Borehole Location

Latitude: 34° 05' 42" Longitude: 90° 40' 47"
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
NE 1/4 SE 1/4 Sec 26 Twn 26N Rng 05W
Distance Direction Nearest Town
2 Miles NE of Alligator

Well / Borehole Data

Date drilling started: 1-15-15 Date drilling completed: 1-15-15 Hole depth: 110 Hole diameter: 2 1/2 in
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: 40 feet above or below land surface Date measured: 1-15-15

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

Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth: From 70 feet to 110 feet

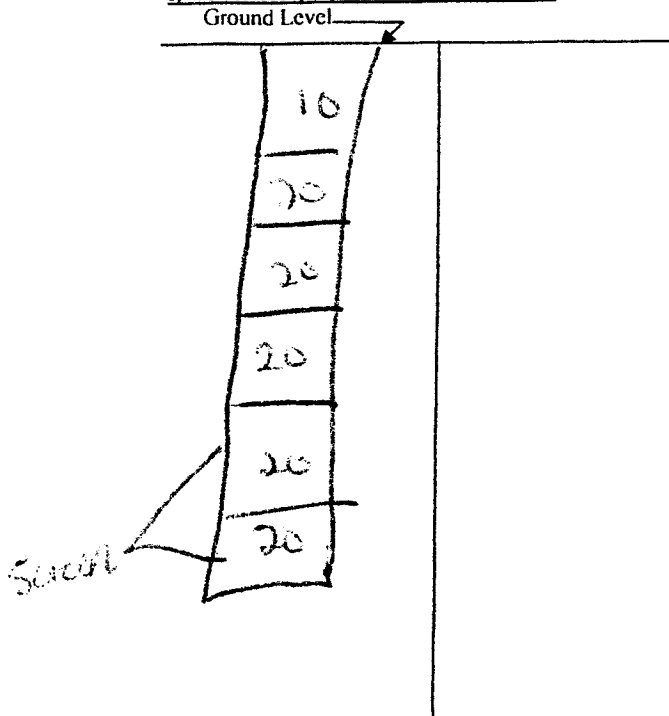
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe):

Top of lap pipe or reduction in casing: feet. If telescoped or more than one screen, describe on next page

Form: OLWR-SWR-1 (2/00) RECEIVED
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BY: OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch.



If more than one screen, show location of each 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
Sand	20	40
Coarse sand	40	60
Coarse sand	60	80
gravel & sand	80	100
gravel & sand	100	110
Gumbo		

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.

Landowner Name: South land Farm

Form: OLWR-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 1-15-15
 Print Name of Responsible Licensee and License No. Date

[Signature]
 Signature of Licensee

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BY: OLWR

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)

For Office Use Only:

Well #: B202

Aquifer: _____

County: Bolivar
 Permit #: CW-46807
 Driller: Joel Jumper
 Date completed: 1-15-15
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: <u>Southland Farms</u>	Latitude: <u>34-05-42</u> Longitude: <u>90-40-47</u>
Mailing Address: <u>4194 Bobo New</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Africa Road</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Clarksdale</u> <u>Ms</u> <u>38704</u>	<u>NE</u> ¼ <u>SE</u> ¼, Sec <u>26</u> T <u>26</u> R <u>05W</u>
City State Zip Code	<u>2</u> Miles <u>NE</u> of <u>Alligator</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: 1-15-15 Rated Pump Capacity: 2,200 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: 60HP Setting Depth: 0 to 70 feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: 1-16-15 Duration of Pump Test (minimum 4 hours): 8 hours

Static Water Level (A): 40 Feet Below Land Surface Pumping Water Level (B): 52 Feet Below Land Surface

Drawdown [(B) - (A)]: 12 Feet Below Land Surface Test Pumping Rate: 2,200 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

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 1-16-16 Joel Jumper

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

Form: OLWR-SWR-1B (7/13)

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 BY OLWF