

Belliver

County: INVERNESS  
 Permit #: 6W-49429  
 Driller: JOEL Jumper  
 Date drilling completed: 5/11/16

### 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 #: K150  
 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)

Owner Name: American Farm Group  
 Mailing Address: \_\_\_\_\_  
PO. Box 104  
Inverness MS 38753  
 City State Zip Code

Telephone No. ( ) \_\_\_\_\_

**Well or Borehole Location**

Latitude: 33° 47' 02" Longitude: 90° 53' 33"  
~~Latitude: 33° 45' 17" Longitude: 90° 53' 04"~~

Method of Lat/Long (circle one): Conventional Survey, Hand-held GPS, Survey-grade GPS

USGS quad: SE 1/4 NE 1/4 Sec 01 Twn 22N Rng 07W

Distance Direction Nearest Town  
2 Miles SW of Pace

#### Well / Borehole Data

Date drilling started: 5/11/16 Date drilling completed: 5/11/16 Hole depth: 110 Hole diameter: 28

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: 20 feet above or below (circle one) land surface Date measured: 5/11/16

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: P.V.C

Screen length: 40 feet Screen diameter: 16 inches Type of screen: P.V.C

Screen slot size: 050 inches Setting depth: From 0 feet to 70 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-1A (04/08)

# Received

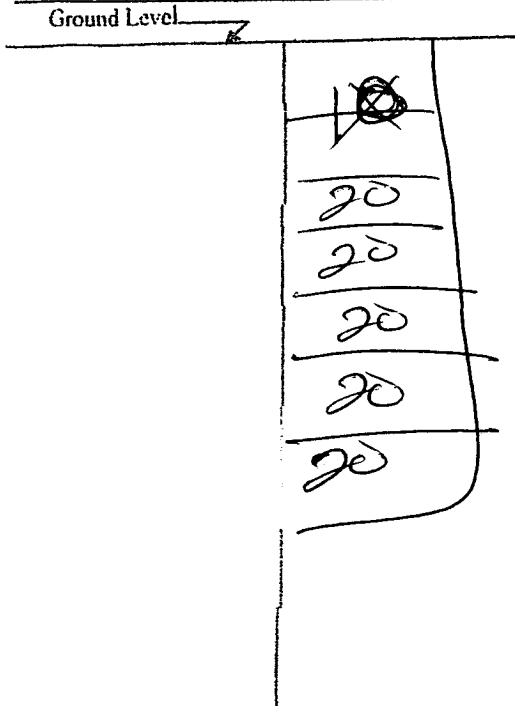
JUL 07 2016

# By OLWR

K150

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) Ground Level	To (depth)
Dirt	20	40
Sand	40	60
Sand	60	80
Gravel	80	100
Gravel	100	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.

Landowner Name: American Farm Group

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.

Date

Joel Jumper  
 Signature of Licensee **Received**

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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)

County: <u>BOLIVAR</u>
Permit #: <u>BW-4940029</u>
Driller: <u>SOLTED WELL SERVICE</u>
Date completed: <u>5-10-16</u>
<i>Copy information from block on Part 1</i>

<b>For Office Use Only:</b>
Well #: _____
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>AMERICAN FARM GROUP</u>	Latitude: <u>33°47.02"</u> Longitude: <u>90°52.33"</u>
Mailing Address: <u>P.O. BOX 104</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>INVERNESS</u> <u>MS</u> <u>38753</u>	<u>SE</u> 1/4 <u>SE</u> 1/4, Sec <u>801</u> T. <u>22N</u> R. <u>07W</u>
City State Zip Code	<u>1.1</u> Miles <u>SW</u> of <u>PACE</u>
Telephone No. <u>(602) 299-8064</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)	
Submersible <input checked="" type="radio"/> Turbine	Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: <u>6-13-16</u>	Rated Pump Capacity: <u>3000</u> Gallons Per Minute
Is This Pump (circle one): <input checked="" type="radio"/> New <input type="radio"/> Repaired <input type="radio"/> Replacement	

Power Type (circle one)	
Electric <input checked="" type="radio"/> Diesel	Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
Horse Power Rating of Motor: <u>80</u>	Setting Depth: <u>70</u> feet Number of Stages: <u>1</u>

Pump Test Data for Non Flowing Well	
Date Well Tested: _____	Duration of Pump Test (minimum 4 hours): _____ hours
Static Water Level (A): <u>20</u> Feet Below Land Surface	Pumping Water Level (B): _____ Feet Below Land Surface
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Test Pumping Rate: _____ 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): <input type="radio"/> New <input type="radio"/> Repaired <input type="radio"/> Replacement	
<i>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>	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.		
<u>DAVID P. HOLT 0-752P</u>	<u>7-5-16</u>	
Print Name of Pump Installer and License No. (if applicable)	Date	Signature of Pump Installer

Received

JUL 08 2016

By OLWR

16-0257