

County: Coahoma
 Permit #: GW 45338
 Irrigation Equipment
 Driller:
 Date drilling completed: 7-6-11

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)981-5210
 (601)981-5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: D54
 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>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name <u>M.C. Stovall Trust</u> Mailing Address: <u>4146 Stovall Road</u> <u>Clarksdale Ms. 38614</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>34° 18' 33.7"</u> Longitude: <u>90° 39' 47.9"</u> Method of Lat/Long (circle one): <u>34</u> Conventional Survey, <u>40</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>NE</u> <u>NW</u> <u>NE</u> <u>SE</u> Sec <u>13</u> Twn <u>28N</u> Rng <u>5W</u> Distance Direction Nearest Town <u>3</u> Miles <u>N</u> of <u>Farrell</u></p>
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Well / Borehole Data

Date drilling started: 7-6-11 Date drilling completed: 7-6-11 Hole depth: 104 Hole diameter: 18"

Location of the source of any surface water used for drilling: Surface Water
 Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

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: _____ feet above below (circle one) land surface Date measured: _____

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

Well depth: 104 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 74⁶⁸ feet Casing diameter: 10 inches Type of casing: PVC
 Screen length: 30 feet Screen diameter: 10 inches Type of screen: PVC
 Screen slot size: .050 inches Setting depth: From 69⁶⁸ feet to 98 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*

Circle S Irrigation will set pump
Replaces MS-GW-06238

GW45386

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)

For Office Use Only:

Aquifer: _____
Well #: D54
Elevation: _____

County: COAHOMA
Permit #: GW-06238
Driller: IRRIGATION EQUIPMENT
Date completed: 7-6-11
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>STOWALL FARMS</u>	Latitude: <u>34° 18' 32.89"</u> Longitude: <u>90° 39' 47.99"</u>
Mailing Address: <u>4146 STOWALL RD</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Clarksdale, MS 38614</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>13</u> T <u>28</u> R <u>5W</u>
Telephone No. <u>(662) 624-2153</u>	Distance Direction Nearest Town <u>1.3</u> Miles <u>NW</u> of <u>Stovall</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>7-8-11</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>900</u> Gallons Per Minute	Number of Stages: <u>1</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-1B (04/08)

JUL 22 2011
BY: OLWR



RECEIVED

JUL 14 2011

BY: OLWR