

Job # 9551

County: Coahoma  
 Permit #: GW44078  
 Driller: Pete Sappington  
 Date drilling completed: 12-29-09

**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)961- 5210  
 (601)961- 5228 (fax)

For Office Use Only:  
 Aquifer: H 104  
 Well #: \_\_\_\_\_  
 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>Green Acres Farms</u>	Latitude: <u>34° 07' 316"</u> Longitude: <u>90° 42' 704"</u> 19 42
Mailing Address: <u>1630 Bobo-New Africa Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Chickadee</u> <u>Ms</u> <u>38614</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SW</u> <u>SW</u> Sec <u>15</u> Twn <u>26 N</u> Rng <u>5 W</u>
Telephone No. <u>(662) 627-1096</u>	Distance Direction Nearest Town <u>2 1/2</u> Miles <u>SSW</u> of <u>Bobo</u>

**Well / Borehole Data**

Date drilling started: 12-29 Date drilling completed: 12-29 Hole depth: 100' Hole diameter: 2 8"

Location of the source of any surface water used for drilling: Culvert across Co. Lic Rd 1 mile west

Method of dosing and volume of Chlorine used in drilling and development: Sodium Hypo-Chlorite @ 10ppm

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: 25 feet above or below (circle one) land surface Date measured: 12-30-09

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

Well depth: 100' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 16 inches Type of casing: PVC sch 40

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

Screen slot size: .032 inches Setting depth: From 60 feet to 100 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)

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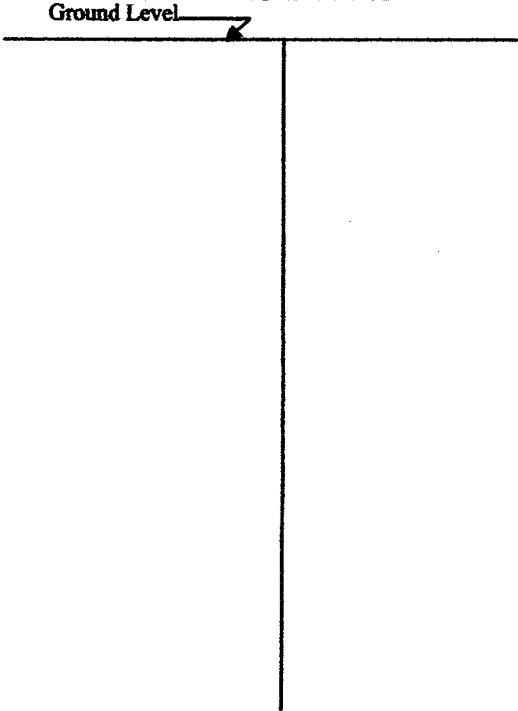
BY: OLWR

H 104

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clay & Fine Sand	0	30
Coarse Sand & Gravel	30	100'

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.

*See Attached*

Landowner Name: Green Acres Farms

Form: OLWR-SWR-1A (04/08)

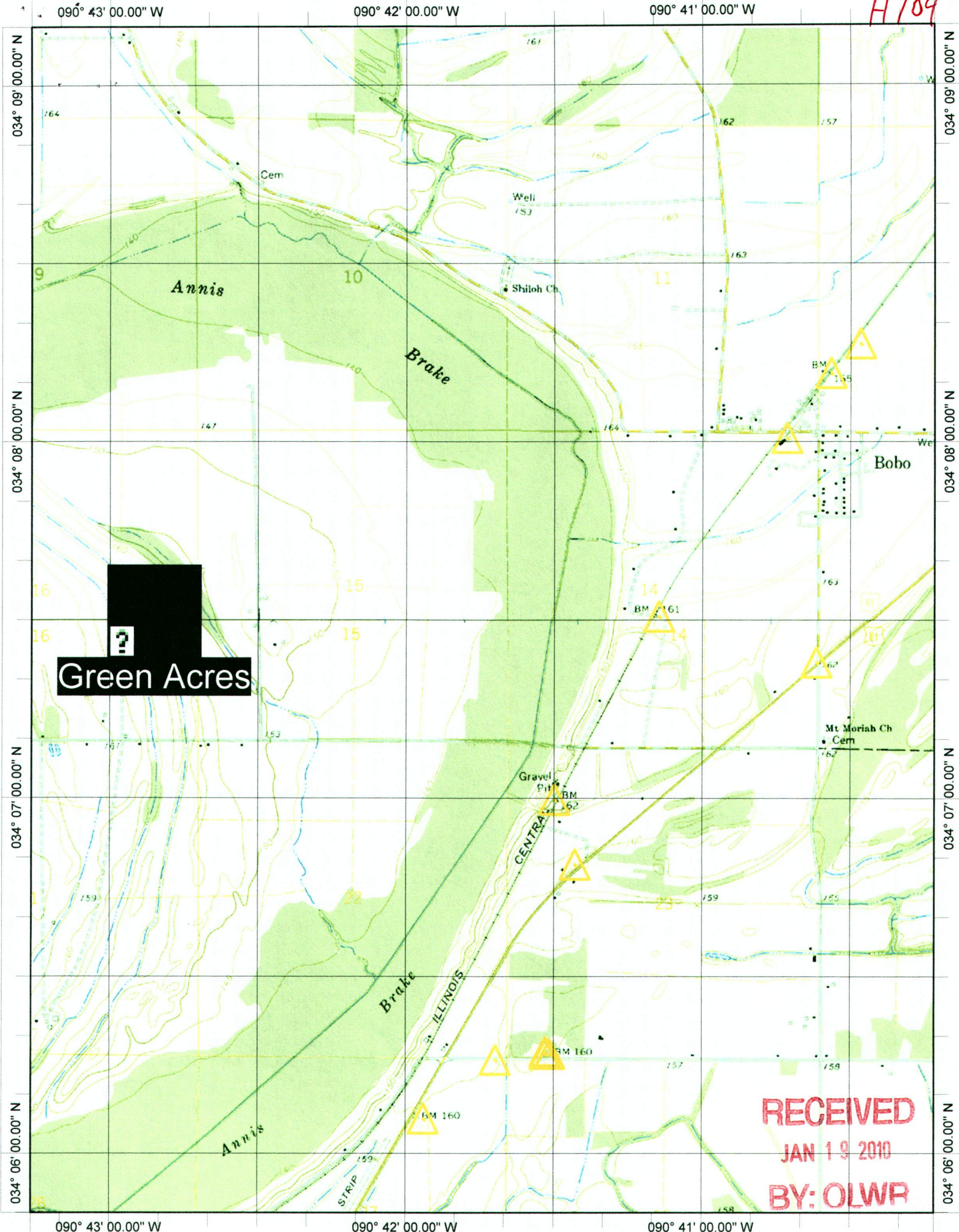
I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Pete Sappington 0420 12-30-09  
 Print Name of Responsible Licensee and License No. Date

Signature of Licensee

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**Green Acres**

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# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: Coahoma  
 Permit #: \_\_\_\_\_  
 Driller: Pete's Well Drilling  
 Date completed: 12-29-2009  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: H 104  
 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>GREEN ACRES FARMS</u>	Latitude: <u>34° 07' 19.5"</u> Longitude: <u>90° 42' 40.7"</u>
Mailing Address: <u>11030 BOBO-NEW AFRICA RD</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>CLARKSDALE MS 38614</u>	<u>SW ¼ SW ¼ Sec 15 T 26N R 5W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 627-1096</u>	<u>2</u> Miles <u>SW</u> of <u>BOBO</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>3-15-2010</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2200</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>25</u> 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

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 MAR 22 2010  
 BY: OLWR

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