

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)

County: Catahoula
Permit #: GW-45982
Driller: Joel Jumper
Date drilling completed: 5-25-12

For Office Use Only:
Aquifer: _____
Well #: H113
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: <u>PIG RIVER FARMS</u> Mailing Address: <u>460 DAVENPORT ALLEN RD</u> <u>CLARKSON, MS 38814</u> City State Zip Code Telephone No. <u>(662) 627. 1465</u>	Well or Borehole Location Latitude: <u>34</u> ° <u>08</u> ' <u>25"</u> Longitude: <u>90</u> ° <u>39</u> ' <u>34"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 SE 1/4 Sec 12 Twn 26N Rng 5W</u> Distance <u>4</u> Miles Direction <u>S</u> of Nearest Town <u>Clarksdale</u>
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Well / Borehole Data

Date drilling started: 5-25-12 Date drilling completed: 5-25-12 Hole depth: 120ft Hole diameter: 26in

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: 32 feet above or below (circle one) land surface Date measured: 5-25-12

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

Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement (Bentonite) Mix

Casing length: 80 feet Casing diameter: 16in inches Type of casing: PVC

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

Screen slot size: 050 inches Setting depth: From 080 feet to 70 ¹²⁰ 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

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: 7
Well #: H113
Elevation: _____

County: COAHOMA
Permit #: GW-45982
Driller: JOEL JUMKE
Date drilling completed: 5-25-12
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>BIG RIVER FARMS</u>	Latitude: <u>34° 8' 29"</u> Longitude: <u>90° 39' 34"</u>
Mailing Address: <u>460 DAWSONPORT ALLEN RD</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,
<u>CLARKSDALE, MS 38614</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip code	<u>NE 1/4 SE 1/4 Sec 12 T 26N R 5W</u>
Telephone No. <u>(662) 627-1465</u>	Distance Direction Nearest Town
	_____ Miles _____ of _____

Pump Type Check one	Power Type Check one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
<input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine	<input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
<input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well	<input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>80</u>
Date Pump Installed: <u>5-30-12</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity <u>3000</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Check one
Date Well Tested: _____	<input type="checkbox"/> Air Line <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): <u>32</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	

This is for (check one): New Well Replacement of Existing Pump Repair of Existing Pump

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

DAVID P. HOLT 0-752P [Signature]
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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