

Job # 9383

County: Cochran
 Permit #: 6W-43458
 Driller: Pete Dwyer
 Date drilling completed: 8-10-09

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 38225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: 111
 Well #: 12-100
 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>Horton Farms</u>	Latitude: <u>34° 12' 55.8"</u> Longitude: <u>90° 30' 55.3"</u>
Mailing Address: <u>P.O. Box 15B</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Lyon</u> <u>Ms.</u> <u>38645</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	1/4 1/4 Sec Twn Rng
Telephone No. <u>(662) 624-6112</u>	Distance <u>1 1/4</u> Miles Direction <u>East</u> of Nearest Town <u>Lyon Ms</u>

Well / Borehole Data

Date drilling started: 8-10 Date drilling completed: 8-10 Hole depth: 100' Hole diameter: 2 1/2"

Location of the source of any surface water used for drilling: Key Bayou @ Lyon

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

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running logs: _____

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: 26 feet above or below (circle one) land surface Date measured: 8-10

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*

43458

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

RECEIVED

SEP - 1 2009

YMD JOINT WATER MANAGEMENT DISTRICT

Job # 9383

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 #: K101
L. S. Elevation:
E-log #:

County: Coahoma
Permit #:
Driller: Pete Spingston
Date drilling completed: 8-10-09

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: Heston Farms
Mailing Address: P.O. Box 15B
Lyon Ms 38645
Telephone No. (662) 624-6112
Well or Borehole Location
Latitude: 34° 12' 55.8" Longitude: 90° 30' 55.3"
Method of Lat/Long (circle one): Conventional Survey, Hand-held GPS
USGS quad: NE 1/4 NW 1/4 Sec 16 Twn 27N Rng 3W
Distance: 1 1/4 Miles Direction: East of Nearest Town: Lyon Miss

Well / Borehole Data

Date drilling started: 8-10 Date drilling completed: 8-10 Hole depth: 100' Hole diameter: 2 1/2"

Location of the source of any surface water used for drilling: Key Bayou @ Lyon
Method of dosing and volume of Chlorine used in drilling and development: Sodium Hypo Chlorite @ 10 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 [checked] 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 [checked] Fish Culture Other:

If a flowing well, method of flow regulation: Valve Other (describe)

Static Water Level: 26 feet above or below (circle one) land surface Date measured: 8-10

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)

RECEIVED
AUG 26 2009
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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: COAHOMA
 Permit #: _____
 Driller: PETE'S WELL DRILLING
 Date completed: 8-10-09
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: K101
 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>HEATON FARMS</u>	Latitude: <u>34° 12' 53.1"</u> Longitude: <u>90° 30' 42.8"</u>
Mailing Address: <u>P.O. BOX 15B</u>	Method of Lat/Long (check one): Conventional Survey <input checked="" type="checkbox"/> ⁵⁵ USGS quad _____ Hand-held GPS <input type="checkbox"/> Survey-grade GPS <input type="checkbox"/> ⁵⁵
<u>Lyon, MS 38645</u>	<u>NE 1/4 NW 1/4 Sec 16 T27N R.3W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 624-6112</u>	<u>1 1/2</u> Miles <u>E</u> of <u>Lyon</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
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>125</u>
Date Pump Installed: <u>8-12-09</u>	Setting Depth: 70 <u>70</u> feet
Rated Pump Capacity: <u>800</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>26</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

Form: OLWR-SWR-1B
RECEIVED
 AUG 27 2009
 BY: OLWR

9383