County: Coahoma
Permit # MS GW-16681
Driller Michael Wells
Date drilling completed 12-11-09

State Well Report
Part 1 – Driller's Log
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2307
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

For Office Use Only:
Aquifer K 102
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)

Owner Name Green Acres Water Assoc.
Mailing Address: P.O. Box 13
Marks MS 38646
City State Zip Code
Telephone No. (662) 563- 8224

Well or Borehole Location

Latitude: N34 ° 13 ' 20.5" Longitude: W90 ° 30 ' 26.2"
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
SE ¼ SE ¼ Sec 9 Twn 27N Rng 3W
Distance 2 Miles Direction East of Nearest Town Lyon

Well / Borehole Data

Date drilling started: 11-5-09 Date drilling completed: 12-11-09 Hole depth: 1154' Hole diameter: 22"
Location of the source of any surface water used for drilling: Green Acres Water System
Method of dosing and volume of Chlorine used in drilling and development: Chlorinated Water
Logs run (circle all applicable): No log run (Electric) Gamma Ray Density Sonic Neutron Other:
Name of organization running log(s): MS Office of Geology
Purpose of borehole (check one): Water Well X 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 X Irrigation Fish Culture Other:
If a flowing well, method of flow regulation: Valve Other (describe) N/A
Static Water Level: 25 feet above or (below) (circle one) land surface Date measured: 12-11-09
Method of Measurement (circle one) steel tape (electric tape) air line other:
Well depth: 1150 Well grouted to a depth of 1105 feet Type of grout (circle one): (Neat Cement) Bentonite Mix
Casing length: 1105 feet Casing diameter: 12 inches Type of casing: Steel
Screen length: 40 feet Screen diameter: 8 inches Type of screen: Stainless Steel
Screen slot size: .020 inches Setting depth: From 1110 feet to 1150 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: 1025 feet. ***If telescoped or more than one screen, describe on next page***

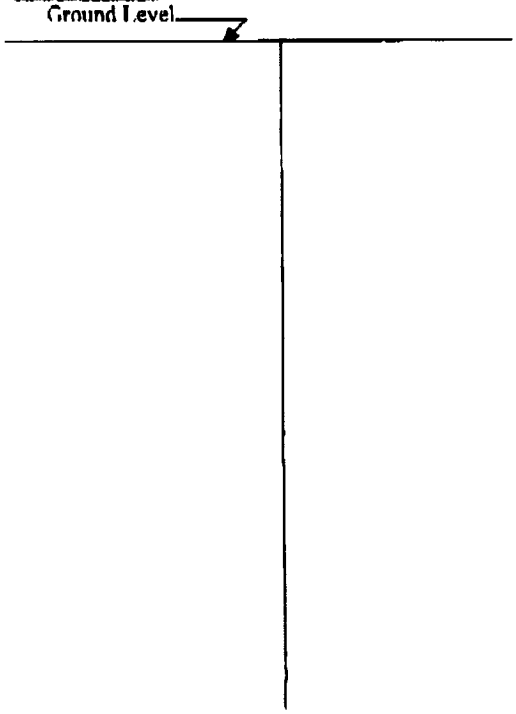
Form: OLWR-SWR-1A (04/08)

R102

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

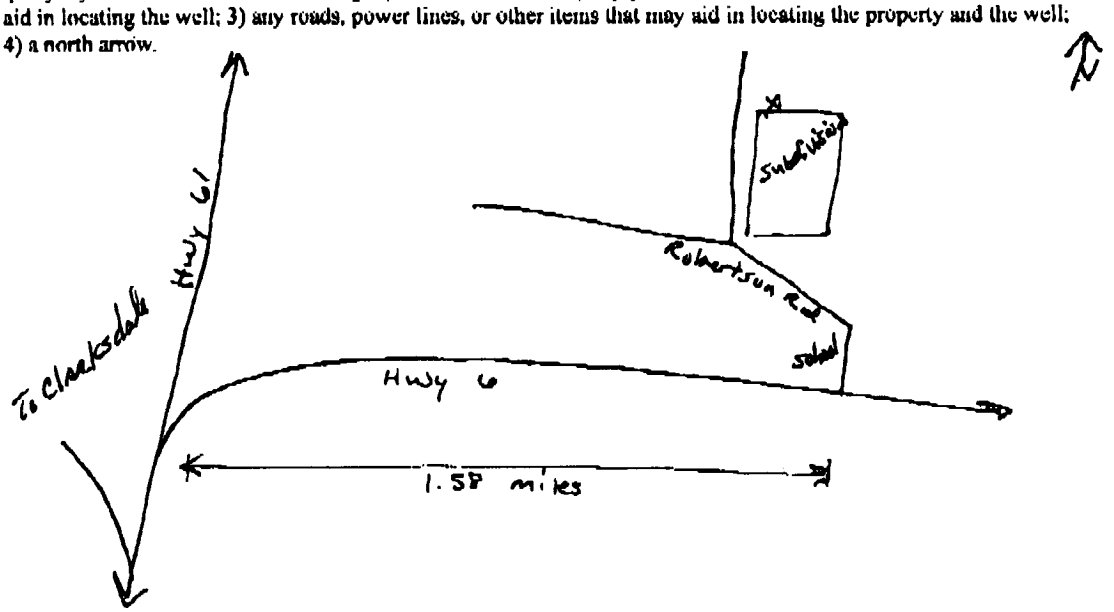


If more than one screen, show location of each on sketch

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

Description of Formations Encountered	From (depth)	To (depth)
Fine Sand	Ground Level	60
Medium Sand	60	101
Course Sand & Gravel	101	148
Fine Sand	148	201
Clay & Fine Sand	201	348
Fine Sand & Shale	348	460
Shale & Fine Sand	460	530
Shale & Fine Sand	530	732
Clay	732	752
Sandy Clay	752	877
Clay w/ Sand Stks	877	1033
Clay w/ Sand	1033	1044
Sand	1044	1120
Sand w/ Clay Stks	1120	1155

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: Green Acres W.A.

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.

Clayton Miller 0-703 _____ Clayton Miller

Print Name of Responsible Licensee and License No. **Date** **Signature of Licensee**

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)

County: Coahoma
Permit #: MS-660-1668 1
Driller: J DeWayne Griffin
Date completed: 12-16-09
Copy information from block on Part 1

For Office Use Only:
Aquifer:
Well # K102
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

Owner Name: Green Acres Water Assoc.
Mailing Address: P.O. Box 13
Marks MS 38646
City State Zip Code
Telephone No. (662) 563-5224

Well Location

Latitude: N34° 13' 20.5" Longitude: W90° 30' 26.2"
Method of Lat/Long (check one): Conventional Survey ___, USGS quad ___, Hand-held GPS ✓, Survey-grade GPS ___
SE ¼ SE ¼ Sec 9 T 27N R 3W
Distance Direction Nearest Town
2 Miles East of Lyon

Pump Type
Circle one

Air Lift	Jet	(Submersible)
Bucket	Piston	Turbine
Centrifugal	Rotary	Flowing Well

Other (specify): ___
Date Pump Installed: 12-16-09
Rated Pump Capacity: 200 Gallons Per Minute

Power Type
Circle one

Diesel Engine	Gasoline Engine	Natural Gas
(Electric Motor)	Hand	Tractor PTO
Windmill	Other (specify): ___	

Horse Power Rating of Motor: 20
Setting Depth: 105 feet
Number of Stages: N/A

Pump Test Data

Date Well Tested: 12-28-09
Static Water Level (A): 25 Feet Below Land Surface
Pumping Water Level (B): 42.3 Feet Below Land Surface
Drawdown [(B) – (A)]: 17.3 Feet Below Land Surface
Test Pumping Rate: 200 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 24 hours

Method of Measuring Water Level
Circle one

Air Line (Electric Measuring Line) Steel Tape
Other (specify): ___

For flowing well, measured shut in head: N/A feet
Well yielded 200 GPM with a drawdown of
17.3 feet after 24 hours of pumping

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

Clayton Miller 0-703
Print Name of Pump Installer and License No. (if applicable)

Clayton Miller
Signature of Pump Installer

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