

GW45981

State Well Report

Part 1 - Driller's Log

County: COAHONA
 Permit #: GW 45981
 Driller: Joel Jumper
 Date drilling completed: 5-24-12

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 #: W115
 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>BIG RIVER FARMS</u> Mailing Address: <u>460 DUNWORT ALLEN RD</u> <u>CLARKSALA, MS 38614</u> City State Zip Code Telephone No. <u>(662) 627-1465</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>34° 8' 43"</u> Longitude: <u>90° 39' 25"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NW 1/4 NW 1/4 Sec 7 Twn 26N Rng 4W</u> Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____</p>
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Well / Borehole Data

Date drilling started: 5-24-12 Date drilling completed: 5-24-12 Hole depth: 120 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: 5-24-12

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: 0.50 inches Setting depth: From 0 80 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-111

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BY: OLWR

GW 45981

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: L 115
Well #: _____
Elevation: _____

County: COAHAMA
Permit #: GW-45983
Driller: JOEL JUMAR
Date drilling completed: 5-24-12
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.

<p>Well Owner Information</p> <p>Owner Name: <u>BIG RIVER FARMS</u></p> <p>Mailing Address: <u>460 DAVENPORT ALLEN RD</u> <u>CLARKSDALE, MS 38614</u> City State Zip code</p> <p>Telephone No. <u>(662) 627-1465</u></p>	<p>Well Location</p> <p>Latitude: <u>34° 8' 43"</u> Longitude: <u>90° 39' 25"</u></p> <p>Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS</p> <p><u>NW 1/4 NW 1/4</u> Sec <u>7</u> T <u>26N</u> R <u>4W</u></p> <p>Distance Direction Nearest Town <u>1 1/2</u> Miles <u>NE</u> of <u>BOBO</u></p>
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<p>Pump Type Check one</p> <p><input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well</p> <p>Other (specify): _____</p> <p>Date Pump Installed: <u>5-30-12</u></p> <p>Rated Pump Capacity <u>3000</u> Gallons Per Minute</p>	<p>Power Type Check one</p> <p><input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____</p> <p>Horse Power Rating of Motor: <u>80</u></p> <p>Setting Depth: <u>70</u> feet</p> <p>Number of Stages: <u>1</u></p>
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<p>Pump Test Data</p> <p>Date Well Tested: _____</p> <p>Static Water Level (A): <u>32</u> Feet Below Land Surface</p> <p>Pumping Water Level (B): _____ Feet Below Land Surface</p> <p>Drawdown [(B) - (A)]: _____ Feet Below Land Surface</p> <p>Test Pumping Rate: _____ Gallons Per Minute</p> <p>Duration of Pump Test (minimum 4 hours): _____ hours</p>	<p>Method of Measuring Water Level Check one</p> <p><input type="checkbox"/> Air Line <input checked="" type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape</p> <p>Other (specify): _____</p> <p>For flowing well, measured shut in head: _____ feet</p> <p>Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping</p>
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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
Print Name of Pump Installer and License No. (if applicable)


Signature of Pump Installer

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Form: OLWR-SWR-1C (07-09)

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