

County: Cochosoma
 Permit #: GW-48184V
 Driller: Joel Jumper
 Date drilling completed: 8-1-14

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 #: L130
 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>Henry Shetter Farms</u>	Latitude: <u>34° 06' 23"</u> Longitude: <u>90° 35' 57"</u>
Mailing Address: <u>520 Gelston Road</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Clarksdale Ms 38604</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SE 1/4 SW 22</u> Twn <u>26N</u> Rng <u>04W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>3</u> Miles <u>SE</u> of <u>Clarksdale</u>

Well / Borehole Data

Date drilling started: 8-1-14 Date drilling completed: 8-1-14 Hole depth: 116 Hole diameter: 28 in

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: 3.7 feet above or below (circle one) land surface Date measured: 8-2-14

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

Well depth: 116 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 110 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 110 inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth: From 0 feet to 70 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*

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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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Coahoma
 Permit #: GW-48184
 Driller: Joel Jumper
 Date completed: 8-2-14
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: L130
 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>Henry Shetter Family</u>	Latitude: <u>34-06-23</u> Longitude: <u>90-35-57</u>
Mailing Address: <u>530 Gelston Road</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Clarksdale</u> <u>Ms</u> <u>38614</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 SW 1/4 Sec 22 T26N R 04W</u>
Telephone No. (____) _____	Distance Direction Nearest Town <u>3</u> Miles <u>SE</u> of <u>Clarksdale</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> <u>Turbine</u> <input type="checkbox"/>	Electric Motor Hand Tractor PTO
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60 H.P.</u>
Date Pump Installed: <u>8-2-14</u>	Setting Depth: <u>0 to 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: <u>8-2-14</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>36</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>50</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>36</u> feet
Drawdown [(B) - (A)]: <u>14</u> Feet Below Land Surface	Well yielded <u>2200</u> GPM with a drawdown of
Test Pumping Rate: <u>2200</u> Gallons Per Minute	<u>50</u> feet after <u>8</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

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

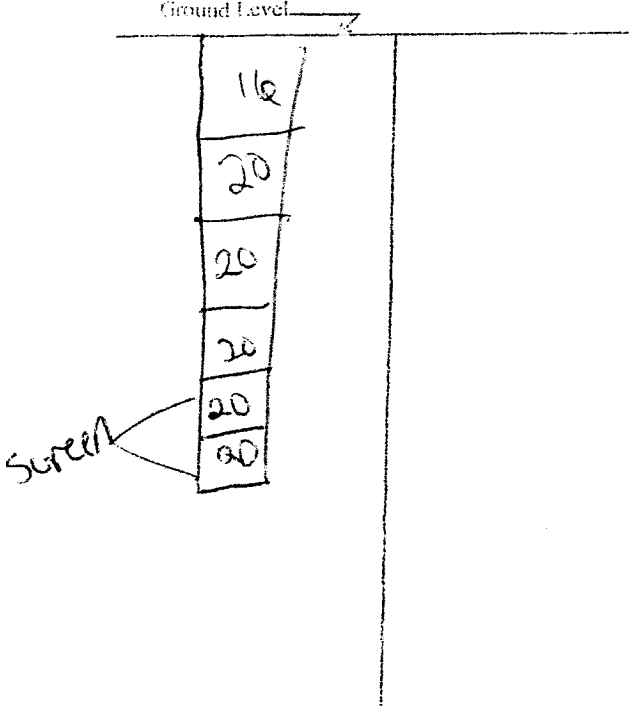
Joel Jumper 5317 Joel Jumper
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

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The sketch below only required for water wells

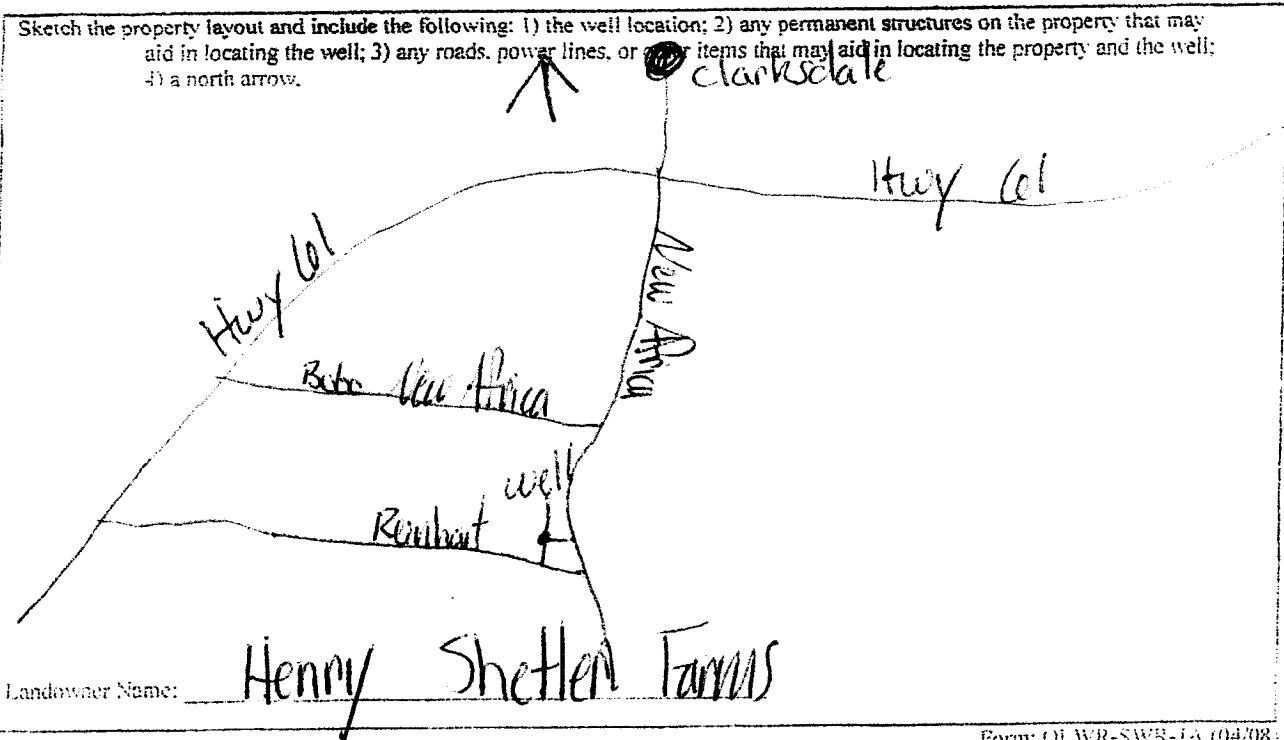
If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth) (Ground level)	To (depth)
Grumbo	20	40
Grumbo	40	60
Course sand	60	80
Sand & gravel	80	100
gravel	100	110
Clay		

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



Form: OJ.WR-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.

Joel Jumper 5317 8-14
 Print Name of Responsible Licensee and License No. Date

[Signature] RECEIVED
 Signature of Licensee

AUG 27 2014

DEPARTMENT OF ENVIRONMENTAL QUALITY