

#574

County Coshocton
 Permit # GW-41507
 Driller Mike Wells
 Date drilling completed: 2-9-07

State Well Report
Part I - Driller's Log
 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)

For Office Use Only:
 Aquifer: _____
 Well # 0-98
 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>Honey Farms</u>	Latitude <u>N33° 59' 23.9"</u> Longitude <u>W86° 30' 21.0"</u>
Mailing Address: <u>P.O. Box 206</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Clarksdale</u> MS <u>37614</u>	<u>SE 1/4 SE 1/4</u> Sec <u>33</u> Twp <u>25N</u> Rng <u>03W</u>
City State Zip Code	Distance <u>3</u> Miles Direction <u>West</u> of Nearest Town <u>Rome, MS</u>
Telephone No. <u>(662) 902-1324</u>	
Well / Borehole Data	
Date drilling started: <u>2-9-07</u> Date drilling completed: <u>2-9-07</u> Hole depth: <u>123'</u> Hole diameter: <u>2 1/2"</u>	
Location of the source of any surface water used for drilling: <u>SKD WELL</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <u>X</u> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block.</i>	
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: <u>40'</u> feet above or below (circle one) land surface Date measured: <u>2/15/07</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Well depth: <u>123'</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one) <u>Neat Cement</u> Bentonite Mix	
Casing length: <u>83</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>83</u> feet to <u>123</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): <u>Reamed and well -</u>	
Top of top pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page.</i>	

Form: OLWR-SWR-1A

41507

Replace GW-6764

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FEB-19-2007 15:20 From: MID SOUTH WATER

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To: 601 360 0535

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Coahoma

County Sunflower
 Permit # CW 41507
 Driller: Mike Wells
 Date drilling completed: 2-9-07

State Well Report Part I - Driller's Log

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)

For Office Use Only:
 Aquifer: _____
 Well # Φ-98
 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 (Lundowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Honey Farms</u>	Latitude: <u>N33° 59' 23.9"</u> Longitude: <u>W88° 30' 21.0"</u>
Mailing Address: <u>P.O. Box 206</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>24</u>
<u>Clarksdale</u> MS <u>39614</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SE 1/4 SE 1/4</u> Sec <u>33</u> Twn <u>25N</u> Rng <u>3W</u>
Telephone No. <u>(662) 902-1824</u>	Distance <u>3</u> Miles Direction <u>West</u> of Nearest Town <u>Rome, ms</u>

Well / Borehole Data

Date drilling started: 2-9-07 Date drilling completed: 2-9-07 Hole depth: 123' Hole diameter: 26"

Location of the source of any surface water used for drilling: SKD LOG 22

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: 40' feet above or below (circle one) land surface Date measured: 2/15/07

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

Well depth: 123' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 83 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .050 inches Setting depth: From 83 feet to 123 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): Abandoned well -

Top of tap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

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FEB-19-2007 15:20 From: MID SOUTH WATER

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Cookson

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)

For Office Use Only:

Aquifer: _____

Well # Q-98

Elevation: _____

County Sunflower
 Permit # GW 41507
 Driller Mike Wells
 Date completed 2-16-07
 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>Haney Farms</u>	Latitude: <u>N33°55'23.9"</u> Longitude: <u>W89°30'24.0"</u>
Mailing Address: <u>P.O. Farms</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Clarksdale MS 38614</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. <u>(662) 902-1824</u>	Distance: _____ Direction: _____ Nearest Town: _____
	<u>3 Miles West of Rome, MS.</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <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>70</u>
Date Pump Installed: <u>2-16-07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2800</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>not tested</u>	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>40'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (D): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown (B) - (A): <u>N/A</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	

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

Thomas S. Chestman 0-703
 Print Name of Pump Installer and License No. (if applicable)

Thomas S. Chestman
 Signature of Pump Installer

Form: OLWR-SWR-1B

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