

County: Coahoma
 Permit #: GW-44087
 Irrigation Equipment
 Driller:
 Date drilling completed: 4-6-10

State Well Report
 Part 1 - 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: 0
 Well #: 0118
 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>Mike Swindell Farms</u>	Latitude: <u>34° 00' 52.8"</u> Longitude: <u>90° 30' 14.5"</u>
Mailing Address: <u>5253 Willis Road</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
<u>Tutwiler Ms. 38963</u> City State Zip Code	<u>NE 1/4 NE 1/4 Sec 28 Twn 25N Rng 3W</u>
Telephone No. (<u>662-902-7141</u>)	Distance <u>5</u> Miles Direction <u>E</u> of Nearest Town <u>Roundaway</u>

Well / Borehole Data

Date drilling started: 4-6-10 Date drilling completed: 4-6-10 Hole depth: 127 Hole diameter: 18"

Location of the source of any surface water used for drilling: Surface Water

Method of dosing and volume of Chlorine used in drilling and development: 50 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 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: 39' feet above (below) (circle one) land surface Date measured: 4-7-2010

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

Well depth: 127 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement (Bentonite) Mix

Casing length: 87 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 88 feet to 127 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)

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County: Coahoma
 Permit #: GW-44087
 Irrigation Equipment
 Driller: _____
 Date completed: 4-6-10
Copy information from block on Part 1

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: _____
 Well #: 0118
 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>Mike Swindoll Farms</u>	Latitude: <u>34° 00' 53" N</u> Longitude: <u>90° 50' 14" W</u>
Mailing Address: <u>5253 Willis Road</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Tutwiler</u> Ms. <u>38963</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 28 T25N R3W</u>
Telephone No. () _____	Distance <u>5</u> Miles Direction <u>E</u> of Nearest Town <u>Roundaway</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/>	Diesel Engine <input type="checkbox"/>
Jet <input type="checkbox"/>	Gasoline Engine <input type="checkbox"/>
<input checked="" type="checkbox"/> Submersible	Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/>
Piston <input type="checkbox"/>	Hand <input type="checkbox"/>
Turbine <input type="checkbox"/>	Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/>	Windmill <input type="checkbox"/>
Rotary <input type="checkbox"/>	Other (specify): _____
Flowing Well <input type="checkbox"/>	Horse Power Rating of Motor: <u>30</u>
Other (specify): _____	Setting Depth: <u>80</u> feet
Date Pump Installed: <u>4-7-2010</u>	Number of Stages: <u>1</u>
Rated Pump Capacity: <u>1150 ±</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level
Date Well Tested: _____	Circle one
Static Water Level (A): _____ Feet Below Land Surface	Air Line <input type="checkbox"/>
Pumping Water Level (B): _____ Feet Below Land Surface	Electric Measuring Line <input type="checkbox"/>
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Steel Tape <input type="checkbox"/>
Test Pumping Rate: _____ Gallons Per Minute	Other (specify): _____
Duration of Pump Test (minimum 4 hours): _____ hours	For flowing well, measured shut in head: _____ feet
	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

This is for (circle 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.
 Patrick M. Chism 0695
 Print Name of Pump Installer and License No. (if applicable) _____
 Signature of Pump Installer _____

Form: OLWR SWR-16 (07-09)

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