

County: Coahoma  
 Permit #: GW-44191  
 Irrigation Equipment  
 Date drilling completed: 6-24-10

**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: 0122  
 Well #: \_\_\_\_\_  
 L. S. Elevation: \_\_\_\_\_  
 B-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>Homeboy Farms</u>	Latitude: <u>34.00.156</u> Longitude: <u>90.30.157</u>
Mailing Address: <u>P.O. Box 1</u>	Method of Lat/Long (circle one): <u>16</u> Conventional Survey, <u>16</u>
<u>Tutwiler Ms. 38963</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 28 Twn 25N Rng 3W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>4</u> Miles <u>W</u> of <u>Tutwiler</u>

**Well / Borehole Data**

Date drilling started: 6-24-10 Date drilling completed: 6-24-10 Hole depth: 119 Hole diameter: 24"

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 \_\_\_\_\_

Scientific 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: \_\_\_\_\_ feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Well depth: 119 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement (Bentonite) Mix

Casing length: 79 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 80 feet to 119 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)

Pump will be set by Lockett pump & well service



0 122



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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)

For Office Use Only:

Aquifer: 0122  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

County: Coahoma  
 Permit #: GW-44191  
 Driller: Irrigation Equip.  
 Date completed: 6/24/10  
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>E. H. Luckett Maintel Trust</u>	Latitude: <u>34,00,15,6</u> Longitude: <u>90,30,15,7</u>
Mailing Address: <u>Ref.: Honey Farms</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>P.O. Box 35</u>	USGS quad _____ <u>Hand-held GPS</u> _____ Survey-grade GPS _____
<u>Dublin, MS 38739</u>	<u>SE 1/4 SE 1/4 Sec 28 T25N R3W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 624-2398</u>	<u>4</u> Miles <u>Miles W. of Tutwiler</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>25hp</u>
Date Pump Installed: <u>7/17/10</u>	Setting Depth: <u>70'</u> feet
Rated Pump Capacity: <u>1100</u> Gallons Per Minute	Number of Stages: <u>1</u>

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

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.

Steve Luckett RPO-00000721 [Signature]  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)  
**AUG 23 2010**

**BY: OLWR**