

County: Desoto
 Permit #: GW-48746
 Driller: Joel Jumper
 Date drilling completed: _____

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 #: A/18
 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>Dale Cole</u> Mailing Address: <u>2100 Green Village Cove</u> <u>Hernando Ms 38632</u> City State Zip Code Telephone No. () _____	Latitude: <u>34° 57' 85"</u> Longitude: <u>90° 11' 303"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 SE 1/4 Sec 31 Twn 05 Rng 09W</u> Distance Direction Nearest Town <u>1 Miles W of Walls</u>
Well / Borehole Data	
Date drilling started: <u>9-18-15</u> Date drilling completed: <u>9-18-15</u> Hole depth: <u>112</u> Hole diameter: <u>24</u>	
Location of the source of any surface water used for drilling: <u>Nearest 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 <input type="checkbox"/> <input checked="" type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> 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 <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>20</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>9-18-15</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Well depth: <u>112</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix	
Casing length: <u>72</u> feet Casing diameter: <u>10 1/2</u> inches Type of casing: <u>pvc</u>	
Screen length: <u>40</u> feet Screen diameter: <u>10</u> inches Type of screen: <u>pvc</u>	
Screen slot size: <u>0.50</u> inches Setting depth: From <u>72</u> feet to <u>112</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

OCT 8 2015

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 39225-2309

(601)961-5210
(601) 360-0535 (fax)

For Office Use Only:

Well #: A118

Aquifer: _____

County: DESOTO
 Permit #: GW-48744
 Driller: JOEL JUMPER
 Date completed: 9-18-15
 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>BLYTHE BAYOU FARMS LLC</u>			Latitude: <u>34° 57' 11"</u> Longitude: <u>90° 11' 16"</u>	
Mailing Address: <u>2100 GREENWILLAGE COVE</u>			Method of Lat/Long (check one): Conventional Survey _____	
			USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____	
<u>HERNANDO</u>	<u>MS</u>	<u>38632</u>	<u>SW</u> 1/4 <u>SW</u> 1/4, Sec <u>31</u> T. <u>01S</u> R. <u>09W</u>	
City	State	Zip Code		
Telephone No. <u>(901) 302-7570</u>			<u>1 3/4</u> Miles <u>W</u> of <u>WALLS</u>	
			(Distance) (Direction) (Nearest Town)	

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 9-21-15 Rated Pump Capacity: 2200 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 600 Setting Depth: 70 feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 20 Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: McCrometer Meter Serial Number: 15-13130

Meter Model Number/Name: M0308 Type of Meter: GROUNDWATER- Mechanical

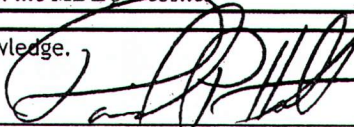
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: 9-21-15 Meter installed by: CIRCLE S IRRIGATION

Is This Meter (circle one): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

DAVID P. HOLT 0-752P 9-24-15 

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

15-0842