

County: Desoto  
 Permit #: GW-48745  
 Driller: Joel Jumper  
 Date drilling completed: 9-18-15

**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 #: A119  
 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>	Latitude: <u>34° 57' 1"</u> Longitude: <u>90° 11' 55"</u>
Mailing Address: <u>2100 Green Village Cove</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Hernando</u> <u>MS</u> <u>386032</u>	USGS quad, <u>NE 1/4 SE 1/4 Sec 31</u> Twn <u>01S</u> Rng <u>09W</u>
City State Zip Code	Distance <u>3</u> Miles Direction <u>N</u> of Nearest Town <u>Lake Comoros</u>
Telephone No. ( ) _____	

**Well / Borehole Data**

Date drilling started: 9-18-15 Date drilling completed: 9-18-15 Hole depth: 120 Hole diameter: 24in

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: 20 feet above or below (circle one) land surface Date measured: 9-18-15

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

Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16 inches Type of casing: pvc

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

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

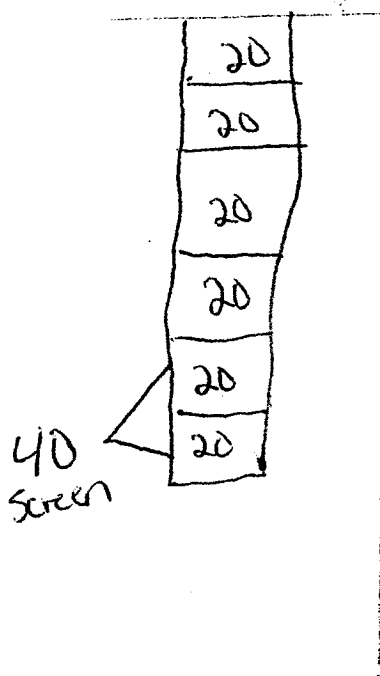
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. *if telescoped or more than one screen, describe on next page*

Indicate the depth of each screen on this

Sketch to screen, show depths on sketch  
 (shown below)

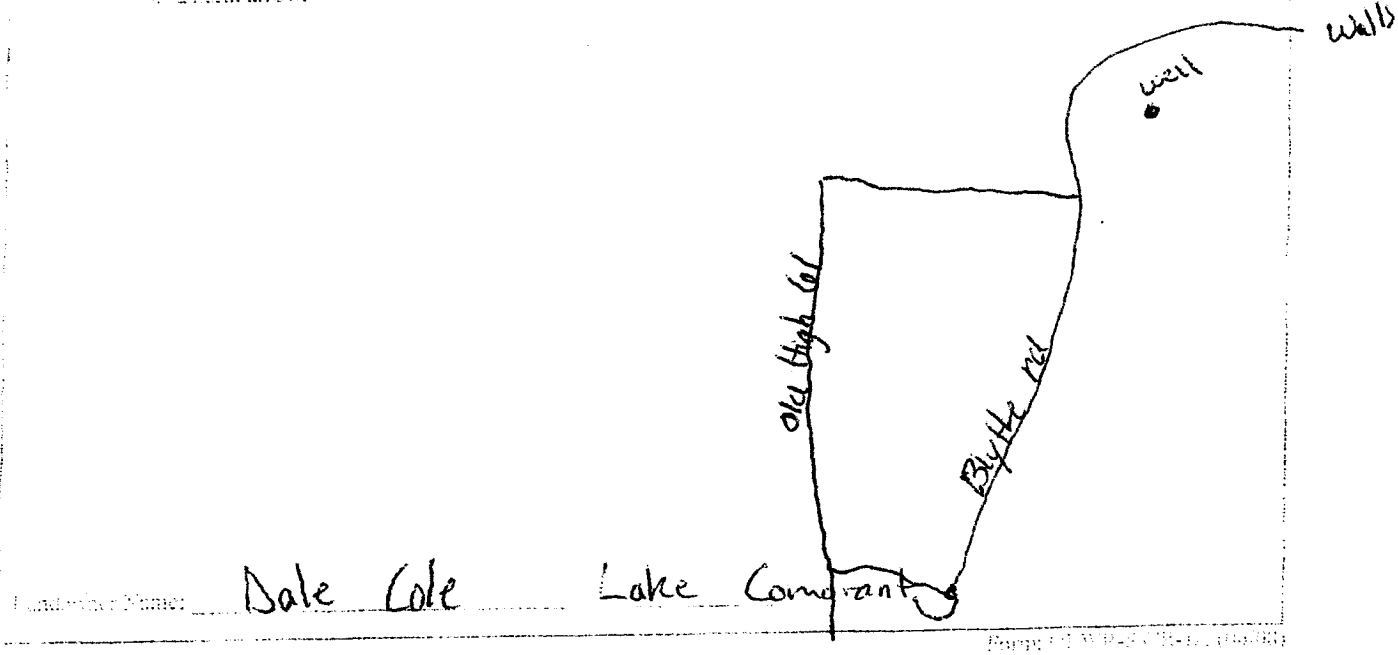


Indicate the depth of each formation encountered

Depth (ft) of Formations Encountered	From (depth)	To (depth)
Top soil		20
sand	20	40
sand	40	60
Course sand	60	80
Course sand	80	100
gravel	100	120

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.



On this date the well/casings was drilled, cemented, and screened in accordance with all applicable regulations of the State of Michigan Department of Environmental Quality and all applicable Department of Health regulations. I approved this work.

Joel Jumper 5317 9-19-2015  
 State of Michigan Department of Responsible Licenses and Excesses No. \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Licensee: *Joel Jumper* OCT 23 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)

County: DESOTO
Permit #: GW-48745
Driller: JOEL JUMPER
Date completed: 9-18-15
Copy information from block on Part 1

For Office Use Only:
Well #: A119
Aquifer:

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: BLYTHE BAYON FARMS LLC, 2100 GREENVILLAGE COVE, HERNANDO MS 38632, Telephone No. (901) 302-7570
Well Location: Latitude: 34° 57.3", Longitude: 90° 11.55", Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, NE 1/4 SE 1/4, Sec 31 T 01S R 09W, 2 1/2 Miles W of WAUS

Pump Type (circle one): Submersible (Turbine) Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):
Date Pump Installed: 9-18-15 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: 60 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): 70 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: 15-12757
Meter Model Number/Name: M0308 Type of Meter: GROUND WATER - MECHANICAL
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):
Installation Date: 9-18-15 Meter installed by: CIRCLE 5 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

15-0843