

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 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: E 157
Aquifer: _____
E-Log #: _____

County: Desoto
Permit #: GLW-47957
Driller: Tommy Peacock
Date drilling completed: 4/2/14

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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>C. Shane Bray</u>	Latitude: <u>34°51'53"</u> Longitude: <u>90°12'31"</u>
Mailing Address: <u>243 Wylie Drive</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____
<u>Lake Providence</u> LA <u>71254</u>	<u>NW ¼ SE ¼, Sec 36 T 02 S R 10 W</u>
City State Zip Code	<u>3</u> miles <u>NE</u> of <u>Robinsonville</u>
Telephone No. <u>(318) 559-5479</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data	
Date drilling started: <u>4/2/14</u> Date drilling completed: <u>4/2/14</u> Hole depth: <u>115</u> Hole diameter: <u>26"</u>	
Location of the source of any surface water used for drilling: <u>Ditch 1 mile East of well site</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>Chlorinated in tanks</u>	
Logs run (circle all applicable): <input checked="" type="radio"/> No log run Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (circle one): <input checked="" type="radio"/> Water Well 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 (circle all applicable): Home Industrial Public Supply <input checked="" type="radio"/> Irrigation Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>32'</u> feet [above or below] land surface Date measured: _____ <small>(circle one)</small>	
Method of measurement (circle one): <input checked="" type="radio"/> Steel tape Electric tape Air line Other (describe): _____	
Well depth: <u>115</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Heat Cement <input checked="" type="radio"/> Bentonite Mix	
Casing length: <u>75</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>75</u> feet to <u>115</u> feet	
Type of completion (circle all applicable): Gravel packed Underreamed 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>	

County: Desoto
Permit #: GW-47957

For Office Use Only:
well #: 6/157

The sketch below only required for water wells

If well telecases, show depths on sketch.

Ground Level →

Top Soil + clay	15
sand/clay mix	40
coarse sand	30
u + gravel	20
gravel	10

Description of Formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations.

Description of Formations Encountered	From (depth)	To (depth)
Top Soil + clay	Ground level	15
sand / clay mix	15	55
coarse sand	55	85
coarse + gravel	85	105
gravel	105	115

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

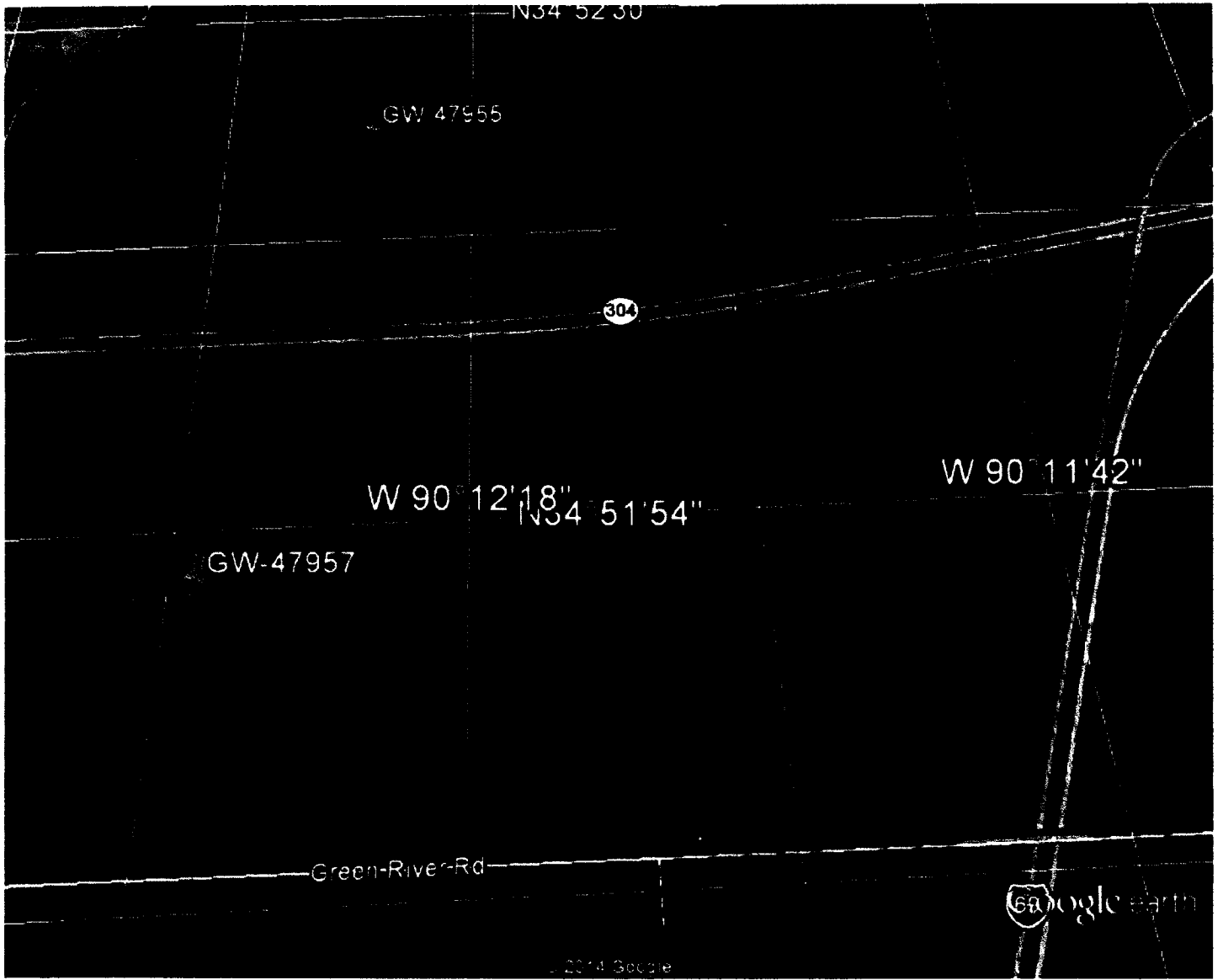
Sketch the property layout and include the following:

- 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) north arrow

Landowner Name: _____

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Tommy Pearce Lic # 3409 4/3/14 Tommy Pearce
Print Name of Responsible Licensee and License No. Date Signature of Licensee



Google earth



7/13/2014

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 #: _____

Aquifer: _____

County: DEBOTO
Permit #: GW-47957
Driller: TOMMY PEACOCK
Date completed: 4-2-14
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>INTERNATIONAL FARMERS CO</u>	Latitude: <u>34° 51' 53"</u> Longitude: <u>90° 12' 31"</u>
Mailing Address: <u>243 WYLY DRIVE</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>LAKE PROVIDENCE</u> <u>LA</u> <u>71254</u>	<u>NN</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$, Sec <u>36</u> T <u>02S</u> R <u>10W</u>
City State Zip Code	<u>2 1/2</u> Miles <u>S</u> of <u>LAKE CORMORANT</u>
Telephone No. <u>(318) 282-1377</u>	(Distance) (Direction) (Nearest Town)

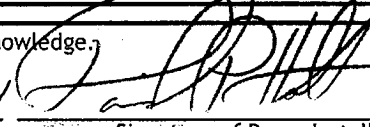
Pump Type (circle one)
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 5-1-14 Rated Pump Capacity: 3000 Gallons Per Minute
Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
Horse Power Rating of Motor: 100 Setting Depth: 50 feet Number of Stages: 1

Pump Test Data for Non Flowing Well
Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours
Static Water Level (A): _____ 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: McCometer Meter Serial Number: 14-06505
Meter Model Number/Name: M0310 Type of Meter: GROUND WATER
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
Installation Date: 3-20-14 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 5-20-14 
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

RECEIVED

MAY 23 2014

BY OLWR

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