

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 #: E1666
Applic: _____
E-Log #: _____

County: Desoto 47815
Permit #: MS-GW-47535
Driller: Tommy Perceak
Date drilling completed: 12/13/14

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 (Landowner if borehole is not for a water well)			Well or Borehole Location		
Owner Name: <u>Cole Crossing Farms</u>			Latitude: <u>34°53'33.61"N</u> Longitude: <u>90°14'52.54"W</u>		
Mailing Address: <u>2100 Green Village Cove</u>			Method of Lat/Long (check one): Conventional Survey _____		
City: <u>Hernando</u> State: <u>MS</u> Zip Code: <u>38632</u>			USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____		
Telephone No. <u>(901) 302-7570</u>			<u>SE</u> <u>NE</u> <u>SW</u> <u>SE</u> Sec <u>22</u> T <u>02S</u> R <u>10W</u>		
			<u>5.0</u> Miles <u>West</u> of <u>Walls</u>		
			(Distance) (Direction) (Nearest Town)		

Well / Borehole Data	
Date drilling started: <u>12/13/14</u>	Date drilling completed: <u>12/13/14</u> Hole depth: <u>105'</u> Hole diameter: <u>26"</u>
Location of the source of any surface water used for drilling: <u>Ditch 1 mile west of well site</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>Chlorinated in tanker</u>	
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running logs: _____	
Purpose of borehole (circle one): <input checked="" type="radio"/> Water Well <input type="radio"/> Geotechnical/Geological Investigation <input type="radio"/> Ground Source Heat Pump <input type="radio"/> Seismic Survey <input type="radio"/> 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 <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture	
Other (describe): _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe): _____	
Static Water Level: _____ feet (above or below) land surface (circle one) Date measured: _____	
Method of measurement (circle one): Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____	
Well depth: <u>105'</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Mix	
Casing length: <u>65</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>65</u> feet to <u>105</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packing <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> 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: DE 008-500-4A (1/13)

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County: Desoto
Permit #: MS-GW-47535

For Office Use Only:
Well #: E1166

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level ↗

Top soil & clay	15'
clay	30'
coarse sand	20'
clay & gravel	40'

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
clay	15	45
coarse sand	45	65
coarse sand & gravel	65	105

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: _____

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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 Peacock Lic#3409 12/15/14 Tommy Peacock
Print Name of Responsible Licensee and License No. Date Signature of Licensee

STATE WELL REPORT

Part 2

For Office Use Only:

County: DESOTO 47415
 Permit #: GW-4883
 Driller: TOMMY PEACOCK
 Date completed: 12-13-14
 Copy information from block on Part 1

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)

Well #: E146
 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	Well Location
Owner Name: <u>BLUTHE BAYOU FARMS, LLC</u>	Latitude: <u>34° 53.33'</u> Longitude: <u>90° 41.52'</u>
Mailing Address: <u>2100 GREENWELLAGE 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> City State Zip Code	<u>SE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$, Sec <u>22</u> T <u>02S</u> R <u>10W</u>
Telephone No. <u>(901) 302-7570</u>	<u>1.34</u> Miles <u>SW</u> of <u>LAKE CORMORANT</u> (Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 1-21-15 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: 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): _____ 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: Mcrometer Meter Serial Number: 14-13332

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

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

Installation Date: 2-6-15 Meter installed by: CIRCLE S IRRIGATION

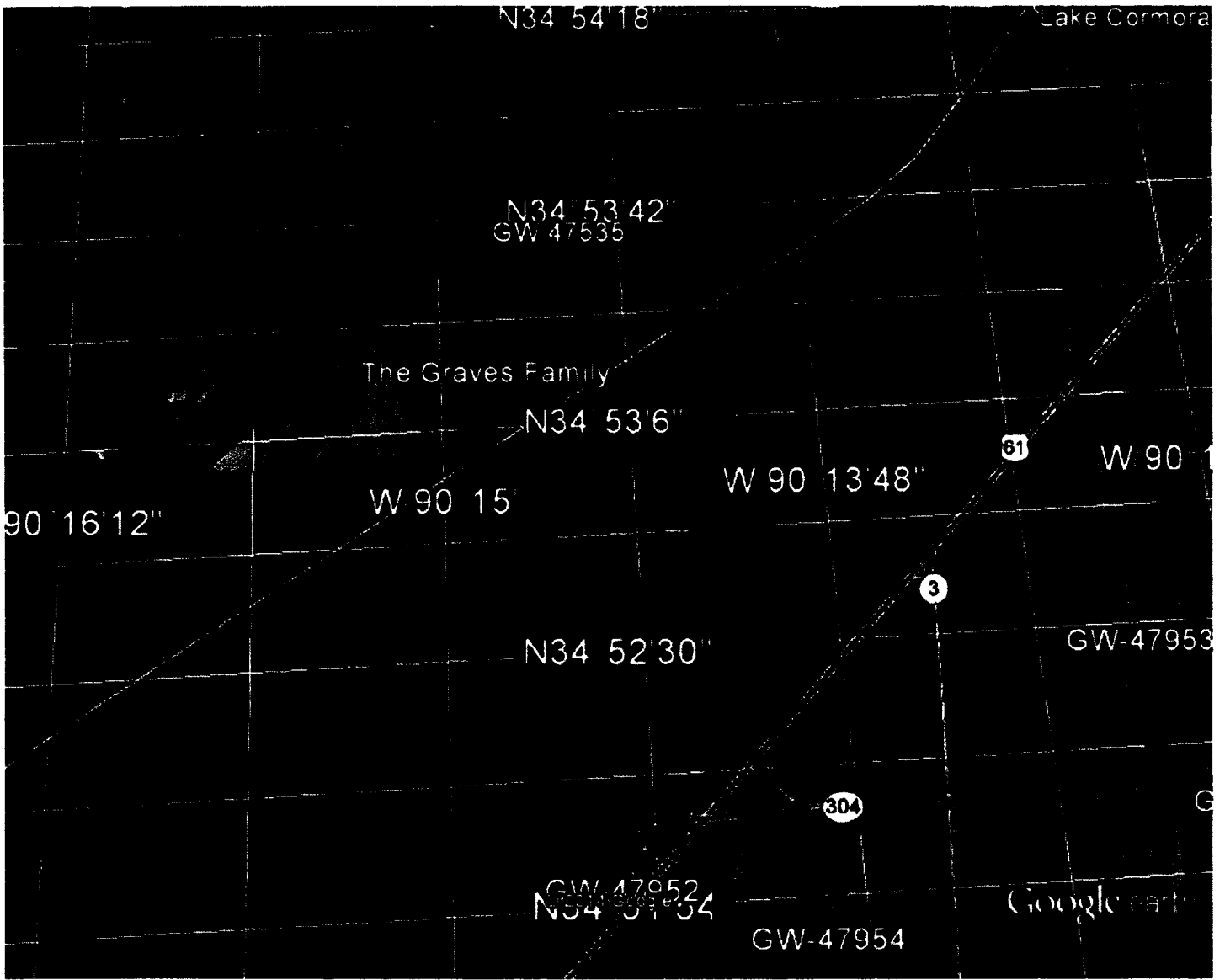
Is This Meter (circle one): New Repaired Replacement

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 2-13-15
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

13-1097



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