

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 #: E179

Aquifer: _____

E-Log #: _____

County: DESOUD

Permit #: GW-50131 ✓

Driller: CHAD MATTOX

Date drilling completed: 11/13/17

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>BLYTHE BAYOU FARMS</u>	Latitude: <u>34 55 41</u> Longitude: <u>90 12 08</u>
Mailing Address: <u>2700 GREEN VILLAGE COVE</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>HERNANDO</u> <u>MS</u> <u>38632</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>SE</u> 1/4 <u>NE</u> 1/4, Sec <u>12</u> T <u>02S</u> R <u>10W</u>
Telephone No. (____) _____	<u>2</u> Miles <u>N</u> of <u>LAKE CORMORANT</u>
	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>11/13/17</u> Date drilling completed: <u>11/13/17</u> Hole depth: <u>103'</u> Hole diameter: <u>24"</u>
Location of the source of any surface water used for drilling: _____
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 (circle one): <u>Water Well</u> 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 <u>Irrigation</u> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>17</u> feet [above or below] land surface Date measured: <u>11/13/17</u> <small>(circle one)</small>
Method of measurement (circle one): <u>Steel tape</u> Electric tape Air line Other (describe): _____
Well depth: <u>103'</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>63</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>63</u> feet to <u>103</u> feet
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed 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

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

County: DESOTO
 Permit #: GW-50131 ✓
 Driller: CHAD MATTOK
 Date completed: 11-13-17
Copy information from block on Part 1

For Office Use Only:

Well #: E179
 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>BLYTHE BAYOU FARMS</u>	Latitude: <u>34°55'41"</u> Longitude: <u>90°12'08"</u>
Mailing Address: <u>2700 GREEN ULLAGE 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>SE 1/4 NE 1/4</u> , Sec <u>12</u> T <u>025</u> R <u>10W</u>
City State Zip Code	<u>1.7</u> Miles <u>NNE</u> of <u>LAKE CORMORANT</u>
Telephone No. <u>(901) 302-7570</u>	(Distance) (Direction) (Nearest Town)

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Pump Type (circle one)

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

Date Pump Installed: 11-20-17 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): 17 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: 17-13464

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

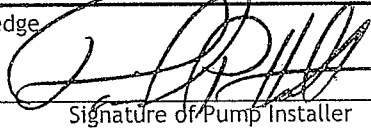
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: _____

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 12-12-17 

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

17-0694