

County: Forrest
 Permit #: _____
 Driller: P Cain
 Date drilling completed: 12-14-12

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
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: K59
 Well #: _____
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>RK Farms</u>	Latitude: <u>31.04.48</u> Longitude: <u>89.19.37</u>
Mailing Address: <u>181 Rockhill to</u> <u>Lumberton Rd</u>	Method of Lat/Long (circle one): Conventional Survey, <u>19 37</u>
<u>Purvis Ms 39475</u> City State Zip Code	USGS quad <u>X 48</u> Sec <u>5</u> Twn <u>1N</u> Rng <u>BW</u>
Telephone No. <u>(601) 704-6039</u>	Distance <u>6</u> Miles Direction <u>W</u> of Nearest Town <u>Brocklyn Ms</u>

Well / Borehole Data

Date drilling started: 12-10-12 Date drilling completed: 12-14-12 Hole depth: 495 Hole diameter: 4"

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): 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: Chicken Farm

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 180 feet above or below (circle one) land surface Date measured: 12-13-12

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

Well depth: 495 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 465 feet Casing diameter: 4x2 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 2" inches Type of screen: PVC

Screen slot size: # 10 inches Setting depth: From 435 feet to 495 feet

Type of completion (circle all applicable): Gravel packed _____ Underreamed 465 Telescoped _____ Open hole _____ Natural Development _____
 Other (describe): _____

Top of lap pipe or reduction in casing: 20 feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A (04/08)

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County: Forrest
 Permit #: _____
 Driller: P. Cain
 Date completed: 12-14-12
Copy information from block on Part 1

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
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: K59
 Elevation: _____

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>RK Farms</u>	Latitude: <u>31° 04' 48"</u> Longitude: <u>89° 17' 37"</u>
Mailing Address: <u>181 Rockhill to</u> <u>Lumberton Rd</u> <u>Purvis Ms 39475</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>N 1/4 W 1/4 Sec 5 T 1N R 13W</u>
Telephone No. <u>(601) 704-6039</u>	Distance _____ Miles Direction <u>W</u> of Nearest Town <u>Brooklyn Ms</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Bucket Centrifugal Other (specify): _____	Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____
Submersible	
Piston Turbine	
Rotary Flowing Well	
Date Pump Installed: <u>12-14-12</u>	Horse Power Rating of Motor: <u>5 hp</u>
Rated Pump Capacity: <u>50</u> Gallons Per Minute	Setting Depth: <u>260</u> feet
	Number of Stages: <u>15</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-14-12</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>180</u> Feet Below Land Surface	Other (specify): <u>String</u>
Pumping Water Level (B): <u>220</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B)-(A)]: <u>40</u> Feet Below Land Surface	Well yielded <u>70</u> GPM with a drawdown of
Test Pumping Rate: <u>70</u> Gallons Per Minute	<u>40</u> feet after <u>5</u> hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

UNR-00003831

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

Form: OLWR-SWR-1C (07-09)

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