

County: George
 Permit #: 0-780
 Driller: Joel Penn
 Date drilling completed: 4-28-10

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2307
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: M203
 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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Dustell Farnus</u>	Latitude: <u>30° 46' 11.7"</u> Longitude: <u>88° 29' 40"</u>
Mailing Address: <u>Elliot Tamm Rd</u>	Method of Lat: Long (circle one): Conventional Survey
<u>Cumada MS 39452</u>	USGS quad. Hand-held GPS. Survey-grade GPS
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 21 Twn 35 Rng 5W</u>
Telephone No. <u>(251) 965-6875</u>	Distance Direction Nearest Town
	<u>3 Miles SE of Aquila, MS</u>

Well / Borehole Data

Date drilling started: 4-28-10 Date drilling completed: 4-28-10 Hole depth: 110 Hole diameter: 4

Location of the source of any surface water used for drilling: Aquila, MS

Method of dosing and volume of Chlorine used in drilling and development: 2000 water 9 gal Alkal

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: 3 feet above or below (circle one) land surface Date measured: 4-28-10

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

Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 100 feet Casing diameter: 4 inches Type of casing: sch 40 Plastic

Screen length: 10 feet Screen diameter: 4 inches Type of screen: sch 40 Plastic

Screen slot size: 10 inches Setting depth: From 0 feet to 110 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**

Form OLWR-SWP-1-A-08 (08)
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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
(601)961-5210
(601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
Well #: _____
Elevation: _____

County: Dezade
Permit #: 0-780
Driller: Joel Prew
Date completed: 4-28-10

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

Owner Name: Driskell Farms
Mailing Address: Elbert Tanner Rd
Cumada MS 39452
City State Zip Code
Telephone No. (251) 865 6875

Well Location

Latitude: 30-46-117 Longitude: 88-29-670
Method of Lat/Long (check one): Conventional Survey _____
USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
NW 1/4 SE 1/4 Sec 21 T 35 R 5W
Distance Direction Nearest Town
3 Miles SE of Asylum, MS

Pump Type

Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____
Date Pump Installed: 4-28-10
Rated Pump Capacity: 70 Gallons Per Minute

Power Type

Circle one

Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
Windmill Other (specify): _____
Horse Power Rating of Motor: 3HP
Setting Depth: 60 Drop Pipe feet
Number of Stages: 15

Pump Test Data

Date Well Tested: 4-28-10
Static Water Level (A): 3 Feet Below Land Surface
Pumping Water Level (B): 50 Feet Below Land Surface
Drawdown [(B) - (A)]: 2 Feet Below Land Surface
Test Pumping Rate: 70 Gallons Per Minute
Duration of Pump Test (minimum 4 hours): 48 hours

Method of Measuring Water Level

Circle one

Air Line Electric Measuring Line Steel Tape
Other (specify): _____
For flowing well, measured shut in head: _____ feet
Well yielded 70 GPM with a drawdown of
2 feet after 48 hours of pumping

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

Joel Prew 0-780
Print Name of Pump Installer and License No. (if applicable)

Joel Prew
Signature of Pump Installer

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

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