

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box ~~10631~~ 2309
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: A 82
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Humphreys
Permit #: GW16952
Driller: Parkes & Parks
Date drilling completed: 1/25/13

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>Wright Fish Farm</u>	Latitude: <u>33° 18' 52N</u> Longitude: <u>90° 31' 23W</u>
Mailing Address: <u>P.O. Box 146</u> <u>INVERNESS, MS 38753</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NE</u> 1/4 <u>NE</u> 1/4 Sec <u>20</u> Twn <u>17N</u> Rng <u>3W</u>
Telephone No. <u>(662) 207-0461</u>	Distance: <u>5</u> Miles Direction: <u>SE</u> of Nearest Town: <u>INVERNESS</u>

Well / Borehole Data

Date drilling started: 10/15/12 Date drilling completed: 1/25/13 Hole depth: 1580 Hole diameter: 6x3

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: _____

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

Static Water Level: +5 feet above or below (circle one) land surface Date measured: 2/8/13

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

Well depth: 1580 Well grouted to a depth of 1500 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 1511 feet Casing diameter: 6 inches Type of casing: Steel

Screen length: 60 feet Screen diameter: 3 inches Type of screen: Stainless Steel

Screen slot size: .016 inches Setting depth: From 1520 feet to 1580 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: 1415 feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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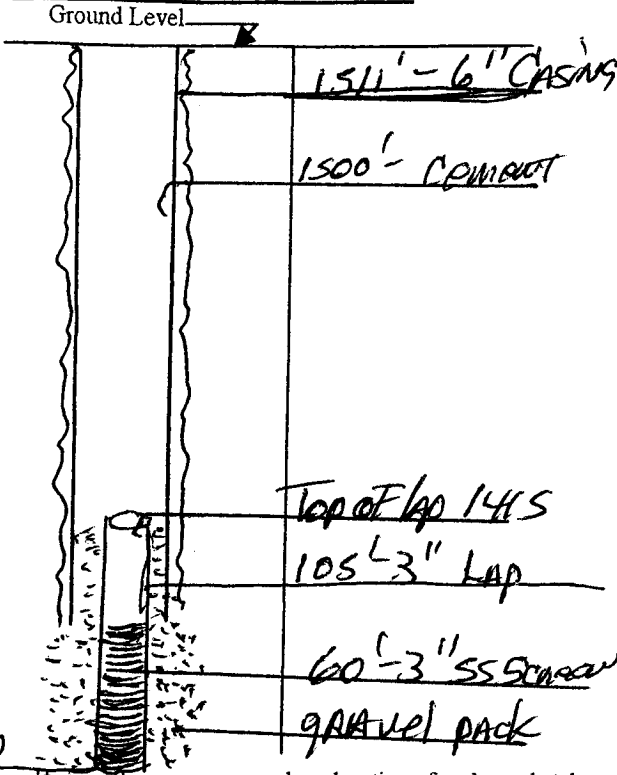
FEB 15 2013

BY: OLWR

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.

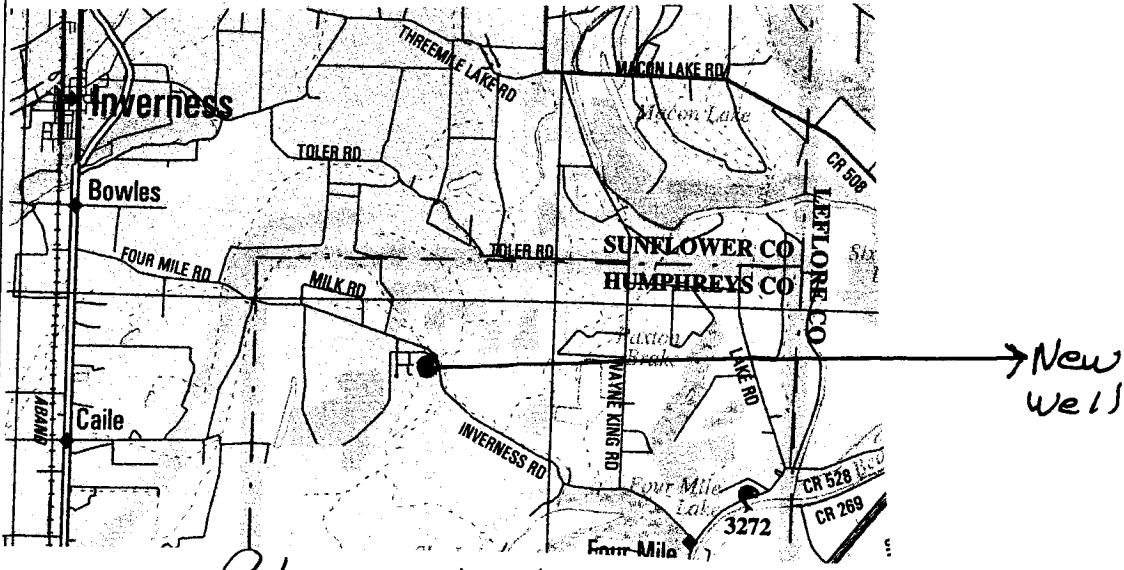


Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
CLAY	0	32
SAND & GRAVEL	32	130
CLAY	130	180
SAWD	180	260
SAND & CLAY	260	480
CLAY, Shell	480	845
SANDY CLAY	845	920
CLAY, SAND & Shell	920	1500
SAWD	1500	1720

ID 1580

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) a north arrow.



Landowner Name: Robert Wright

Form: OLWR-SWR-1A

I 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.

Rayburn Parks 0-414 2/12/13
Print Name of Responsible Licensee and License No. Date

Rayburn Parks RECEIVED
Signature of Licensee

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STATE WELL REPORT

A82

County: Humphreys
 Permit #: _____
 Driller: Parks & Parks
 Date completed: 1/25/13
Copy information from block on Part 1

Part 2
Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: _____
 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>Wright Fish Farms</u>	Latitude: <u>33 18 SW</u> Longitude: <u>90 31 23 W</u>
Mailing Address: <u>P.O. Box 146</u> <u>INVERNESS, MS 38753</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad <input checked="" type="checkbox"/> Hand-held GPS _____ Survey-grade GPS _____
City _____ State _____ Zip Code _____	<u>NW 1/4 NE 1/4 Sec 20 T 11N R 3W</u>
Telephone No. (<u>662</u>) <u>207-0461</u>	Distance _____ Direction _____ Nearest Town _____ <u>5</u> Miles <u>SE</u> of <u>INVERNESS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>2/13/13</u>	Setting Depth: <u>105</u> feet
Rated Pump Capacity: <u>150</u> Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>2/13/13</u>	Air Line <input checked="" type="radio"/> Electric Measuring Line Steel Tape
Static Water Level (A): <u>15</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>20</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>15</u> feet
Drawdown [(B) - (A)]: <u>20²⁵</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>150</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Rayburn Parks 0-414 Rayburn Parks
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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FEB 15 2013