

STATE WELL REPORT

Part I

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 #: A-87
 Aquifer: MUWX
 E-Log #: N/A

County: Humphreys
 Permit #: GW-17212
 Driller: Aldric Jones
 Date drilling completed: 6-4-15

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>Wright Fish Farm</u>			Latitude: <u>33° 18' 53.16"</u> Longitude: <u>90° 31' 23.43"</u>		
Mailing Address: <u>805 West Grand Ave</u>			Method of Lat/Long (check one): Conventional Survey _____		
City: <u>Inverness</u> State: <u>MS</u> Zip Code: <u>38753</u>			USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____		
Telephone No. <u>(662) 207-5017</u>			SE <u>1/4</u> NE <u>5/4</u> Sec <u>20</u> T <u>17N</u> R <u>3W</u>		
			<u>4.7</u> Miles <u>SE</u> of <u>Inverness</u>		
			(Distance) (Direction) (Nearest Town)		

Original Use: IN, FC

Well / Borehole Data

Date drilling started: 5-25-15 Date drilling completed: 7-15-15 Hole depth: 1605' Hole diameter: 12.25"

Location of the source of any surface water used for drilling: Owner's well

Method of dosing and volume of Chlorine used in drilling and development: 100ppm solution pumped into well upon completion

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): Deep Hatchery Well

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

Static Water Level: 5 feet (above) or below land surface (circle one) Date measured: 8-15-15

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): Flowing Well

Well depth: 1590' Well grouted to a depth of: 1500' feet Type of grout (circle one): Heat Cement Bentonite Mix

Casing length: 210 feet Casing diameter: 8" inches Type of casing: Steel

Casing length: 1330 feet Casing diameter: 6" inches Type of casing: Steel

Screen length: 50 feet Screen diameter: 6" inches Type of screen: Stainless Steel

Screen slot size: .008 inches Setting depth: From 1540 feet to 1590 feet

Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: 210 feet

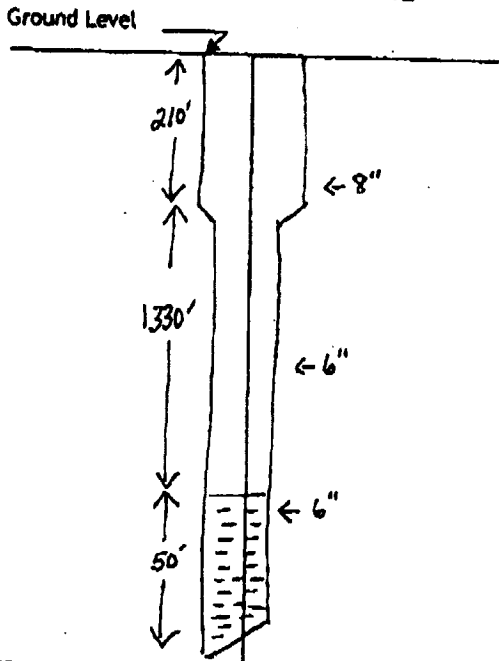
If telescoped or more than one screen, describe on next page

County: Humphreys
 Permit #: GW 17212

For Office Use Only:
 Well #: A87

The sketch below only required for water wells

If well telescopes, show depths on sketch.



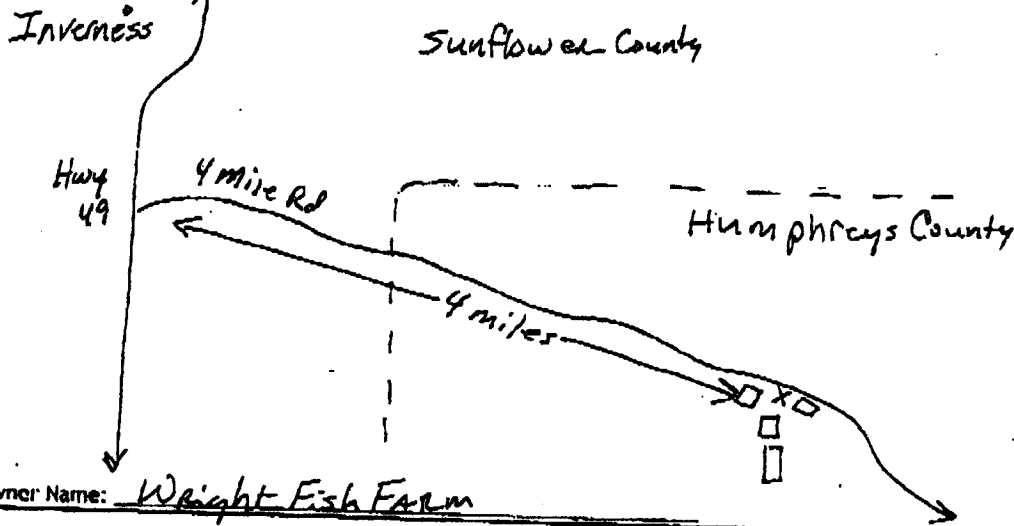
If more than one screen, show location of each on sketch

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)
Clay and Sand	Ground level	30
Rock	30	31
Coarse Sand and Gravel	31	126
Clay and Sand with Shale	126	506
Rock	506	507
Clay with Sand	507	773
Rock	773	774
Clay with Sand	774	1059
Rock	1059	1060
Clay	1060	1064
Rock	1064	1065
Clay	1065	1068
Rock	1068	1070
Clay with Sand	1070	1351
Rock	1351	1352
Sandy Shale	1352	1458
Clay with Sandy Shale	1458	1605

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: Wright Fish Farm

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.

Clayton Miller 0-703
 Print Name of Responsible Licensee and License No.

Date

Clayton Miller
 Signature of Licensee

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: Humphreys
 Permit #: GW-17212
 Driller: John Rybolt IV
 Date completed: 7-24-15
 Copy information from block on Part 1

For Office Use Only:
 Well #: A-87
 Aquifer: MUW

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 Farm</u>			Latitude: <u>33° 18' 53.16"</u> Longitude: <u>90° 31' 23.43"</u>		
Mailing Address: <u>805 West Grand Ave</u>			Method of Lat/Long (check one): Conventional Survey _____		
City: <u>Inverness</u> State: <u>MS</u> Zip Code: <u>39753</u>			USGS quad _____ Hand-held GPS <u>0</u> Survey-grade GPS _____		
Telephone No. <u>(662) 202-5017</u>			<u>NE 1/4</u> <u>NE 1/4</u> Sec <u>26</u> T <u>17N</u> R <u>3W</u>		
			<u>4</u> Miles <u>EAST</u> of <u>Hwy 49 W Inverness</u>		
			(Distance) (Direction) (Nearest Town)		

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

Date Pump Installed: 7-24-15 Rated Pump Capacity: 300 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: 15 Setting Depth: 140' feet Number of Stages: 1

Pump Test Data for Non Flowing Well

Date Well Tested: 8-21-15 Duration of Pump Test (minimum 4 hours): 4 hours

Static Water Level (A): 4' + Feet Above Land Surface Pumping Water Level (B): 84 Feet Below Land Surface

Drawdown [(B) - (A)]: 84 Feet Below Land Surface Test Pumping Rate: 300 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: 4 feet

Well yielded 300 GPM with a drawdown of 88 feet after 4 hours of pumping

Meter Installation N/A

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

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.

Clayton Miller 0-703 Clayton Miller
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer