

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 #: F215
 Aquifer: _____
 E-Log #: _____

County: Humphreys
 Permit #: GW-48084
 Driller: Richard Foster
 Date drilling completed: 4-3-14

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.

#1957 Well Owner Information #2 (Landowner if borehole is not for a water well)			Well or Borehole Location		
Owner Name: <u>Triple J Farms</u>			Latitude: <u>33° 06' 47"</u> Longitude: <u>90° 28' 40"</u>		
Mailing Address: <u>120 Parks Road</u>			Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____		
<u>Belzoni</u> City	<u>MS</u> State	<u>39038</u> Zip Code	<u>SW</u> ^{SE} <u>SE</u> ^{SW} <u>1/4</u> <u>1/4</u> , Sec <u>26</u> T. <u>15N</u> R. <u>03W</u>		
Telephone No. <u>(662) 836-6512</u>			<u>1.59</u> Miles <u>NE</u> of <u>Silver City</u> (Distance) (Direction) (Nearest Town)		

Well / Borehole Data

Date drilling started: 4-3-14 Date drilling completed: 4-3-14 Hole depth: 128' Hole diameter: 26"
 Location of the source of any surface water used for drilling: Hauled water from nearby well
 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 (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): _____
 If a flowing well, method of flow regulation: Valve _____ Other (describe) N/A
 Static Water Level: 18 feet (above or ~~below~~ land surface) Date measured: 5-9-14
 (circle one)
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____
 Well depth: 121' Well grouted to a depth of: 10 feet Type of grout (circle one): ~~Best Cement~~ Bentonite Mix
 Casing length: 71 feet Casing diameter: 16 inches Type of casing: PVC
 Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC
 Screen slot size: .050 inches Setting depth: From 71 feet to 121 feet
 Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development
 Other (describe): _____
 Top of lap pipe or reduction in casing: N/A feet

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

County: Humphreys
 Permit #: GW-48084

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

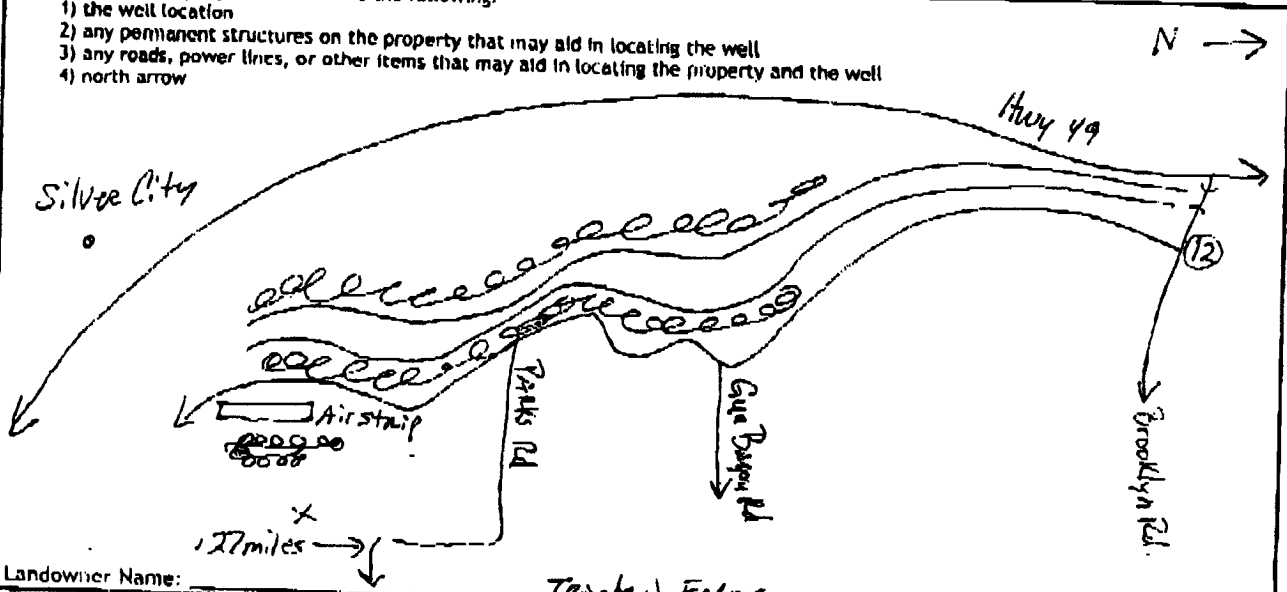
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) Ground level	To (depth)
Clay		42
Medium Sand	42	49
Medium Sand & Pea Gravel	49	82
Pea Gravel	82	89
Medium Sand & Pea Gravel	89	125

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) north arrow



Landowner Name: Trinidad Farms

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.

5-10-14
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-48084
 Driller: John Rybolt IV
 Date completed: 5-8-14
 Copy information from block on Part 1

For Office Use Only:
 Well #: F215
 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>Triple J Farms</u>			Latitude: <u>33° 06' 47"</u> Longitude: <u>90° 28' 40"</u>		
Mailing Address: <u>170 Parks Road</u>			Method of Lat/Long (check one): Conventional Survey _____		
City: <u>Belzoni</u> State: <u>MS</u> Zip Code: <u>39038</u>			USGS quad _____, Hand-held GPS <u>r</u> , Survey-grade GPS _____		
Telephone No. (662) <u>836-6512</u>			<u>SW</u> ^{SE} <u>SE</u> ^{SW} 1/4, Sec <u>26</u> T <u>15N</u> R <u>03W</u>		
			<u>1.59</u> Miles <u>NE</u> of <u>Silver City</u> (Distance) (Direction) (Nearest Town)		

Pump Type (circle one)
 Submersible Surbline Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 5-8-14 Rated Pump Capacity: _____ 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): Gen Drive
 Horse Power Rating of Motor: 60 Setting Depth: 80 feet Number of Stages: 1

Pump Test Data for Non Flowing Well
 Date Well Tested: NOT TESTED Duration of Pump Test (minimum 4 hours): N/A hours
 Static Water Level (A): 18 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface
 Drawdown [(B) - (A)]: N/A Feet Below Land Surface Test Pumping Rate: N/A 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

Motor Installation
 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 5-10-14 Clayton Miller
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer