

3-29-11 4-12-11

County: Humphreys
 Permit #: MS-GW-44866
 Driller: Charles M. Nichols
 Date drilling completed: 3-29-11

State Well Report
Part I - Driller's Log
 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: 683
 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>Rowan Farms LLC</u>	Latitude: <u>33° 08' 04" N</u>	Longitude: <u>90° 21' 43" W</u>	
Mailing Address: <u>1250 Shadow Wood Drive</u>	Method of Loc/Long (circle one): Conventional Survey, _____		
<u>Brandon MS. 39047</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS _____		
City State Zip Code	<u>SW1/4 NW1/4 Sec 24 Twp 16 N Rng 2 W</u>		
Telephone No. () _____	Distance: <u>11</u> Miles	Direction: <u>SE</u>	Nearest Town: <u>Belzoni</u>

Well / Borehole Data

Date drilling started: 3-29-11 Date drilling completed: 3-29-11 Hole depth: 115 Hole diameter: 26

Location of the source of any surface water used for drilling: LAKE

Method of dosing and volume of Chlorine used in drilling and development: HTH

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: 22 10 feet above of below (circle one) land surface Date measured: 4-6-11

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

Well depth: 115 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 75 feet Casing diameter: 16 inches Type of casing: pvc

Screen length: 40 feet Screen diameter: 16 inches Type of screen: pvc

Screen slot size: .035 inches Setting depth: From 75 feet to 115 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*

B+B well service

APR 15 10 11 10:33 AM
WELL #2

STATE WELL REPORT

PART 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39270-0631
(601)961-9210
(601)334-6998 (fax)

For Office Use Only.

Applic:

Well #:

Elevation:

County: Humphreys

Driller: Matt Nichols

Date completed: _____

See instructions from Manual 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 of the above address within 90 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Rowan Farms LLC</u>	Latitude: <u>33° 08.075' N</u> Longitude: <u>90° 21.963' W</u>
Mailing Address: <u>1250 Shadow Wood Dr</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Brandon MS 39047</u>	USGS quad: <u>(Hand-held GPS)</u> Survey-grade GPS _____
City State Zip Code	Distance: _____ Direction: _____ Nearest Town: _____
Telephone No. <u>601 832-9180</u>	<u>11</u> miles <u>SE</u> of <u>Beazon, MS 39038</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> <input checked="" type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Diaphragm <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>100</u>
Date Pump Installed: <u>4/6-2011</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>3000</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level
Circle one	Circle one
Date Well Tested: <u>N/A</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>22' 10"</u> Feet Below Land Surface	Other (specify): <u>N/A</u>
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured static head: <u>N/A</u> feet
Drawdown (A)-(B): <u>N/A</u> Feet Below Land Surface	Well yielded <u>N/A</u> GPM with a drawdown of <u>N/A</u> feet after <u>N/A</u> hours of pumping
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	

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

Robert Byars 0-543 Robert Byars
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form OLWR-SWR-1B