BLUE HORSE

K196

State Well Report
Part 1 – Driller's Log

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)

County: Humphreys
Permit #: GW-455270K
Driller: J. NEWCOMB 0773
Date drilling completed: 10.23.12

For Office Use Only:
Aquifer:
Well #: K196
L. S. Elevation:
E-log #:

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State Law requires that this report be prepared by the license holder responsible for the work and filed with the Mgmt Dist 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)

Owner Name: Blue Horse Farms
Mailing Address: 9216 Hwy 149
Yazoo City MS 39194
City State Zip Code
Telephone No. (____)

Well or Borehole Location

Latitude: 32 · ~~59~~ 57 · ~~11~~ 42 " Longitude: 90 · 35 · ~~39~~ 09 ·
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
~~NW~~ SW ¼ ~~SW~~ NW ¼ Sec 23 Twn 13N Rng 04W
Distance .5 Miles Direction N.W. of Nearest Town LOUISE

Well / Borehole Data

Date drilling started: 10-23-12 Date drilling completed: 10-23-12 Hole depth: 122 Hole diameter: 24"

Location of the source of any surface water used for drilling: LAKE
Method of dosing and volume of Chlorine used in drilling and development: CHLORINE TABLETS

Logs run (circle all applicable): ~~Induction~~ Electric Gamma Ray Density Sonic Neutron Other:
Name of organization running log(s):

Purpose of borehole (check one): Water Well X 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 X Fish Culture ___ Other:

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

Static Water Level: _____ feet above or below (circle one) land surface Date measured:

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

Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16 inches Type of casing: P.V.C.

Screen length: 40 feet Screen diameter: 16 inches Type of screen: P.V.C.

Screen slot size: .050 inches Setting depth: From 80 feet to 120 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*

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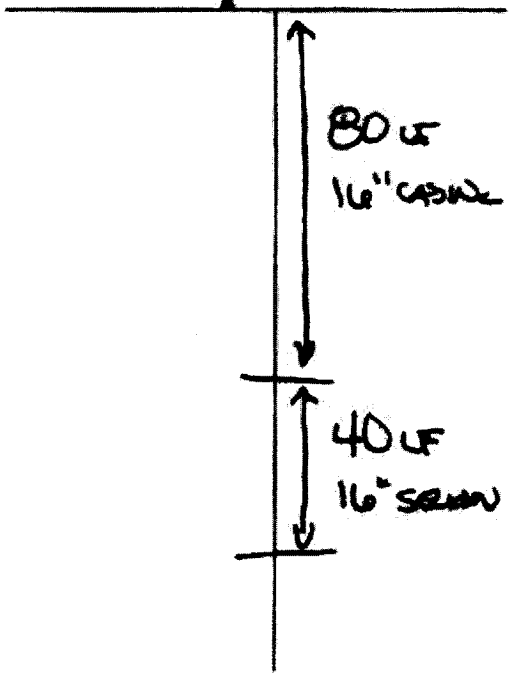
Form: OLWR-SWR-1A (04/08)

K196

The sketch below only required for water wells.

If well telescoped, show depths on sketch.

Ground Level



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)
TOP SOIL	Ground Level	10
CLAY	10	45
MED. FINE	45	70
MED. GOOD	70	90
COARSE GRAVEL	90	120
BOTTOM	120	122

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.

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SEE MAP

Landowner Name: _____

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

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.

JOHN NEWCOMB 0773 | 10-23-2012 | [signature]

Print Name of Responsible Licensee and License No. | Date | Signature of Licensee

STATE WELL REPORT

Part 2

County: Humphreys
Permit #: GW-43527
Driller: J. Newcomer 0773
Date completed: 10-23-12

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 #: K19b
Elevation:

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information

Owner Name: Blue horse Farms
Mailing Address: 9216 Hwy 149
Yazoo City MS 39194
City State Zip Code
Telephone No. ( )

Well Location

Latitude: 32-59-41 (57 42) Longitude: 90-35-39 (09)
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
NW ¼ SW ¼ Sec. 23 Twp. 13N Rng. 04W
Distance .5 Miles Direction N.W. of Nearest Town Louise

Pump Type
Circle one

Air Lift, Jet, Submersible, Bucket, Piston, Turbine, Centrifugal, Rotary, Flowing Well
Other (specify):
Date Pump Installed: 10-25-12
Rated Pump Capacity: 2000 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: 50 hp
Setting Depth: 70 feet
Number of Stages: 1

Pump Test Data

Date Well Tested:
Static Water Level (A): Feet Below Land Surface
Pumping Water Level (B): Feet Below Land Surface
Drawdown (B) - (A): Feet Below Land Surface
Test Pumping Rate: Gallons Per Minute
Duration of Pump Test (minimum 4 hours): hours

Method of Measuring Water Level
Circle one

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

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

Hubbard Stephens 741P
Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

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Google earth
miles
3
km
6