

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: Issaquena
Permit #: GW 441253
Irrigation Equipment
Date drilling completed: 11-9-10

For Office Use Only:
Aquifer: A140
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)
Owner Name: Forest Glade Plantation
Mailing Address: Jason Wade, P.O. Box 217, Grace Ms, 38745
Well or Borehole Location
Latitude: 33.00253 Longitude: 90.572609
Method of Lat/Long: Conventional Survey, USGS quad: Hand-held GPS
SE 1/4 NW 1/4 Sec 6 Twn 13N Rng 7W
Distance: of Grace

Well / Borehole Data
Date drilling started: 11-9-10 Date drilling completed: 11-9-10 Hole depth: 121 Hole diameter: 18"
Location of the source of any surface water used for drilling: Surface Water
Method of dosing and volume of Chlorine used in drilling and development: 50 PPM
Logs run: No log run
Purpose of borehole: Water Well
Purpose of Well: Irrigation
Static Water Level: 19 feet above/below land surface Date measured: 11-10-10
Method of Measurement: steel tape
Well depth: 121 Well grouted to a depth of 10 feet Type of grout: Bentonite
Casing length: 81 feet Casing diameter: 10 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC
Screen slot size: .050 inches Setting depth: From 82 feet to 121 feet
Type of completion: Gravel packed

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

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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

Ground Level \rightarrow

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	29
Fine Sand + Gravel	30	46
Fine Sand	47	66
Fine Sand + Gravel	67	78
Medium Sand + Gravel	79	115
Clay	116	121

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: Forest Glade Plantation

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.

Patrick M Chism 0695 [Signature]

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

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County: Issaquena
 Permit #: GW 44653
 Irrigation Equipment
 Driller: _____
 Date completed: 11-9-10
 Copy information from block on Part I

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
 (601)961-5210
 (601)961-5228 (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 I 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>Forest Glade Plantation</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Jason Wade</u> <u>P.O. Box 217</u> <u>Grace Ms. 38745</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ <u>SE 1/4 NW 1/4 Sec 6 T13N R 7W</u>
Telephone No. () _____	Distance _____ Miles Direction _____ of Nearest Town <u>Grace</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
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>30</u>
Date Pump Installed: <u>11-10-10</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1150±</u> Gallons Per Minute	Number of Stages: <u>1</u>

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

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

Patrick M Chism 0695

Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-~~10~~ 07-09

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