County: ISSAQUENA
Permit #: <u>GW-47555</u>
Driller: J. NEWCOME 0.773
Date drilling completed: 9.9.13

Well Owner Information

(Landowner if borehole is not for a water well)

## STATE WELL REPORT

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 Of	fice Use Only:
Well #:	<u> 689</u>
Aquifer: _	
E-Log #:	<u> </u>

Well or Borehole Location

31" Longitude: 091°02'04"

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.

Owner Name: S&K FARMS			
Mailing Address: GENE BOYKIN	Method of Lat/Long (check one): Conventional Survey,		
1519 WILLETTE ROAD	USGS quad, Hand-held GPS, Survey-grade GPS		
	NE 1/4, Sec 11 T 12N R OSW		
City State Zip Code	1 1 = M		
•			
Telephone No. ()	(Distance) (Direction) (Nearest Town)		
Well / B. Date drilling started: $9.9.13$ Date drilling completed:	orehole Data 99.13 Hole depth: 107 Hole diameter: 241		
Location of the source of any surface water used for drilling	ig: RIVER		
Method of dosing and volume of Chlorine used in drilling at	nd development: CHLOCINE TORUS		
Logs run (circle all applicable). No log run Electric Gamn	na Ray Density Sonic Neutron Other:		
Name of organization running log(s):			
Purpose of borehole (circle one): Water Well Geotechnic	cal/Geological Investigation Ground Source Heat Pump		
Seismic Survey Other (	describe)		
If drilling is not related to water well co	onstruction, skip the remainder of this block		
Purpose of Well (circle all applicable): Home Industrial	Public Supply     Fish Culture		
Other (describe):			
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 t	tape Air line Other (describe):		
Well depth: 05 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Gentonite Mix			
Casing length:feet Casing diameter:inches Type of casing:			
Screen length:feet Screen diameter:inches Type of screen:			
Screen slot size: . D inches Setting depth: From 65 feet to 105 feet			
Type of completion (circle all applicable). Gravel packed Underreamed Open hole Natural Development			
Other (describe):			
Top of lap pipe or reduction in casing:feet			
If telescoped or more than o	one screen, describe on next page		
	Form: OI WR-SWR-1A (4/1		

Form: OLWR-SWR-1A (4/13)

County: Issaguena — Permit #: CW 47555	<b>i</b>	or Office Use	Only:
The sketch below only required for water wells  If well telescopes, show depths on sketch.  Ground Level	Description of formations encountered and boreholes, unless specifically exert Secription of Formations Encountered  TOP SOLL  SAND  COPUSE SAND PEBRUE SELP  PUBLICAT  TROTTO	From (depth) Ground level	d for all wells ons  To (depth)  O  O  O  O  O  O  O  O  O  O  O  O  O
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 3) any roads, power lines, or other items that may aid in 14) north arrow	in locating the well locating the property and the well		
andowner Name:  HEREBY CERTIFY that the well/borehole was drilled, co		na se	

Signature of Licensee Form: OLWR-SWR-1A (4/13)

Print Name of Responsible Licensee and License No.

## STATE WELL REPORT

## Part 2

## County: 155aguina Permit #: 6W - 47555 Driller: J. Newcome Date completed: 9 Copy information from block on Part 1

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

For Of	ffice Use Only:
Well #:	B89
Aquifer: _	

(601)	360-0535 (fax)			
·	well contractor or a licensed pump installer. A copy of Part 1			
of the report must be attached and both parts filed with the D	epartment at the above address within 30 days of well completion.			
Well Owner Information	Well Location			
Owner Name: BAR Farms	Latitude: 32 54 3/ Longitude: 91 02 04			
Mailing Address: 1519 Willette RD	Method of Lat/Long (check one): Conventional Survey,			
Mailing Address: 13/4 VOCITE 12	USGS quad, Hand-held GPS_X_, Survey-grade GPS			
D 11: C 1 MC 25159	WE R WE 4, Sec 11 T 12N R 08W			
Rollin Fork MS 35159 City State Zip Code				
Telephone No. ()	(Distance) Miles NE of Mayersuille (Nearest Town)			
Pump Typ	pe (circle one)			
Submersible Turbine Air Lift Centrifugal Flowing Well				
Date Pump Installed: 9/10/13	Rated Pump Capacity: <u>2500</u> Gallons Per Minute			
is This Pump (circle one): Repaired Replacement	nt			
Power Ty	rpe (circle one)			
Electric Qiesel Gasoline Natural Gas Tractor PTO Wir	ndmill Other (describe):			
Horse Power Rating of Motor: 60° Setting Dep	th: 70feet Number of Stages:			
	for Non Flowing Well			
Date Well Tested:	Puration of Pump Test (minimum 4 hours): hours			
Date Well Tested: hours  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				
Method of measurement (circle one): Steel tape Electric t				
Pump Test Da	ata for Flowing Well			
Measured shut in head:feetfeet. Well yielded GPM with a drawdown of	- O			
Well yieldedGPM with a drawdown of	feet afterhours of pumping			
	Installation			
Meter Manufacturer: McConete	Meter Serial Number: 13-05096-10			
Meter Model Number/Name:M0310	Type of Meter: Propeller			
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):				
Installation Date: 9/11/13 Meter installed by: Chical Tring who				
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.				
Important: By submitting the above information you are certafying that this meets 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.			
THERED CERTIFY and the above statements are true to	the best of my knowledge.			

I HEREBY CERTIFY that the above statement	ents are true to the	best of my know	wledge.
Hubbard Stephens	Tru-P	4/2/11	06.11 11
Print Name of Pump Installer and License	No. (if applicable)	-/ Date	Signature of Pump Installer
			E OLWD CWD 4D (4)

Form: OLWR-SWR-1B (4/13)