County: Lawrence	Part 1 – Driller's Log	7 of the case only.	
	Mississippi Department of Environmental Quality	Aquifer:	
Permit #:	Office of Land and Water Resources P.O. Box 2309	Well #:	
Driller: Walker-Hill Environmental	Jackson, MS 39225	L. S. Elevation:	
Date drilling completed: 7/3/12	(601)961- 5210 (601)961- 5228 (fax)		
		E-log #:	
State Law requires that this report Department at the above address	rt be prepared by the license holder responsible for s within 30 days of completion of drilling of the wel	tne work ana juea with the l or borehole.	
Information on Well	Owner Well or B	orehole Location	
(Landowner if borehole is not f	for a water well)	"1 "1 90 9 59 7 20 "	
Owner Name Jones Farms		_" Longitude: <u>89 ° 58 ' 39 "</u>	
	Method of Lat/Long (circle o	ne): Conventional Survey,	
Mailing Address: Stephen Jones	(USGS quad) Hand-held	d GPS, Survey-grade GPS	
188 Conerly Rd.			
Oak Vale M	S 39656 NE 4 SW 4 Sec 33	Twn 5N Rng 12E 20W	
	te Zip Code Distance Direction	Nearest Town	
Telephone No. (<u>601</u>) <u>736-1826</u>		of Oak Vale	
Telephone No. (001) 730-1820			
	Well / Borehole Data		
Date drilling started: 7/3/12 Date dr	rilling completed: _7/3/12 Hole depth:170'	Hole diameter:8"	
Location of the source of any surface wat	er used for drilling: Foxworth Water Association	on	
Method of dosing and volume of Chlorin	ne used in drilling and development: 2 cups HTH per 2	2,000 gallons of water	
V (citale all ambigable). Valor m	Electric Gamma Ray Density Sonic Neutron	Other:	
Name of organization running log(s):	No log run	<u> </u>	
	Vell X Geotechnical/Geological Investigation $_{}$ Groun		
Purpose of borenote (check one): water v	Ven X Geolecinical/Geological Investigation Groun	d Source Front Fump	
Seismic	Survey Other (describe)	look	
	d to water well construction, skip the remainder of this b		
Purpose of Well (check one): Home Industrial Public Supply Irrigation Fish Culture X Other: chicken house			
If a flowing well, method of flow regulation: Valve Other (describe)			
Static Water Level:feet above of below(circle one) land surface Date measured:7/5/12			
Method of Measurement (circle one) steel tape electric tape air line other:			
Well depth: 170' Well grouted to a depth of 25 feet Type of grout (circle one): Neat Cement Bentonite			
Casing length:150feet			
Screen length:			
Screen slot size:o10inches Setting depth: From150feet to170feet			
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development			
Other (describe):			
Top of lap pipe or reduction in casing:	Top of lap pipe or reduction in casing: feet. If telescoped or more than one screen, describe on next page		

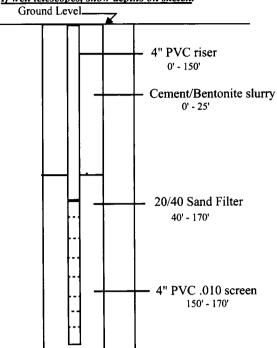
State Well Report

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



The sketch below only required for water wells

If well telescopes, show depths 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)
Clay	Ground Level	10'
Sand / pea-gravel	10'	50'
Clav	50'	60'
Sand / pea-gravel	60'	169'
Clay	169'	170'
	<u> </u>	
		
		
		<u> </u>
		
		
		-
		<u> </u>
		
	1	
		<u> </u>

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 aid in locating the well; 3) any roads, power lines, or other items that may aid in locating 4) a north arrow.	on the property that may the property and the well;
MB Specigits Rd.	N
Chicken House Private Drive	
Chicken House Chicken House Landowner Name: Jones Farms - Oak Vale, MS	
VALVO I WALLAND VWAS I WALL AND THE PARTY OF	Form: OI WP SWP-14 (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.

Gary P. Hill

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

RECE ED

JUL 2 6 2012

STATE WELL REPORT

County: Lawrence Permit #: _____ Driller: Walker-Hill Environmental, Inc. Date completed: 7/14/12 Copy information from block on Part 1

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 #:	L70
Elevation:	

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: Jones Farms	Latitude: 31°26' 24" N Longitude: 89° 58' 39" W
Mailing Address: Stephen Jones	Method of Lat/Long (check one): Conventional Survey,
188 Conerly Rd.	USGS quad_X, Hand-held GPS, Survey-grade GPS
Oak Vale MS 39656 City State Zip Code	NE 1/4 SW 1/4 Sec 35 T 5N R 12E Distance Direction Nearest Town
Telephone No. (601) 736-1826	MilesWofOak Vale

Pump Type Circle one		Power Type Circle one			
Air Lift	Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston	Turbine	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify):	
Other (specify):			Horse Power Ratin	g of Motor:3	
Date Pump Installed:	7/14/12		Setting Depth:	83	feet
Rated Pump Capacity: _	55	Gallons Per Minute	Number of Stages:	9	_

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: 7/14/12	Air Line Electric Measuring Line Steel Tape
Static Water Level (A):	Other (specify):
Pumping Water Level (B):33Feet Below Land Surface	One (specify).
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet
Test Pumping Rate:60Gallons Per Minute	Well yielded GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):4hours	feet after4 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of	of my knowledge.
Gary P. Hill 0-578	LINTU!
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer

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