

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2307
 Jackson, MS 39225
 (601)961- 5210
 (601)961- 5228 (fax)

County: Leake
 Permit #: _____
 Driller: Thomas Drilling
 Date drilling completed: 4-28-08

For Office Use Only:
 Aquifer: _____
 Well #: J-23
 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: <u>Ironwood Ranch</u> Mailing Address: <u>4510 Fort Macomb Rd</u> <u>New Orleans LA 70129</u> City State Zip Code Telephone No. <u>(504) 432-7442</u>		Well or Borehole Location Latitude: <u>32° 41.570'</u> Longitude: <u>89° 38.163'</u> <u>34</u> <u>10</u> Method of Lat/Long (circle one): Conventional Survey. USGS quad, Land-based GPS, Survey-grade GPS ✓ <u>NE 1/4 NW 1/4 Sec 25 Twp 10N Rng 6E</u> Distance Direction Nearest Town <u>.8</u> Miles <u>S</u> of <u>Wiggins</u>	
Well / Borehole Data Date drilling started: <u>4-28-08</u> Date drilling completed: <u>4-28-08</u> Hole depth: <u>140</u> Hole diameter: <u>4"</u> Location of the source of any surface water used for drilling: <u>Thomas Drilling</u> Method of dosing and volume of Chlorine used in drilling and development: <u>100 in Tender 100 in wash</u> Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block.</i>			
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: <u>Horse Barn</u> If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ Static Water Level: <u>44</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>4-28-08</u> Method of Measurement (circle one) steel tape electric tape <u>air line</u> other: _____ Well depth: <u>140</u> Well grouted to a depth of _____ feet Type of grout (circle one) <u>Neat Cement</u> Bentonite Mix Casing length: <u>120</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u> Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>010</u> inches Setting depth: from <u>130</u> feet to <u>140</u> feet Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____ Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>			

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

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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)

County: Issaquena
 Permit #: _____
 Driller: Thomas Prillax
 Date completed: 4-29-08
 Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: J-23
 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: <u>Ironwood Ranch</u>	Latitude: <u>32°41.570</u> Longitude: <u>89°38.163</u>
Mailing Address: <u>4510 Fort Macomb Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>New Orleans LA 70129</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>25</u> T <u>10N</u> R <u>6E</u>
Telephone No. <u>(504) 432-7442</u>	Distance Direction Nearest Town
	<u>.8</u> Miles <u>South of Wiggins</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2</u>
Date Pump Installed: <u>4-29-08</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>25</u> Gallons Per Minute	Number of Stages: <u>9</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-29-08</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>49</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>52</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown ((B) - (A)): <u>8</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>30</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>1</u> hours	

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

David S. Thomas 0-147 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

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