

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 39225-2309
(601)961-5210
(601)968-0535 (Fax)

For Office Use Only:

Well #: F107

Applic: _____

E-Log #: _____

County: Leflore
Permit #: GW-47316 ✓
Driller: Tommy Penock
Date drilling completed: 5/5/14

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.

Well Owner Information

(Landowner if borehole is not for a water well)

Owner Name: ASA Bennett
Mailing Address: 605 Robert E. Lee Drive
Greenwood MS 38930
City State Zip Code
Telephone No. (662) 453-0504

Well or Borehole Location

Latitude: 33°42'23" Longitude: 90°12'53"
Method of Lat/Long (check one): Conventional Survey _____
USGS quad _____, Hand-held GPS X, Survey-grade GPS _____
SW ¼ SE ¼, Sec 05 T 21N R 01E
3 miles South of Phillip
(Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 5/5/14 Date drilling completed: 5/5/14 Hole depth: 108 Hole diameter: 26"
Location of the source of any surface water used for drilling: Ditch 1 mile west of well site
Method of dosing and volume of Chlorine used in drilling and development: chlorinated in tank
Logs run (circle all applicable): log run Electric Gamm Ray Density Sonic Neutron Other: _____
Name of organization running logs: _____
Purpose of borehole (circle one): Water Well 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: _____ feet (above or below) land surface Date measured: _____
(circle one)
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____
Well depth: 108 Well grouted to a depth of: 10 feet Type of grout (circle one): Best Cement Mix
Casing length: 68 feet Casing diameter: 16 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC
Screen slot size: .050 inches Setting depth: From 68 feet to 108 feet
Type of completion (circle all applicable): gravel packed Underreamed Open hole Natural Development
Other (describe): _____
Top of tap pipe or reduction in casing: _____ feet

If intercepted or more than one screen, describe on next page

County: LeFlore
 Permit #: GW-47316

For Office Use Only:
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The sketch below only required for water wells:

If well televiewer, show details on sketch.

Ground Level →

Top Soil	15
Medium Sand	10
Coarse sand	10
S' coarse S' medium	10
Coarse sand	20
Coarse & gravel	10
S' coarse & gravel	10
Coarse & gravel	10
3' gravel 7' coarse & gravel	10
gravel	3

If more than one screen, show location of each on sketch

Description of Formations encountered must be provided for all wells and locations unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Top Soil	Ground level	15
Medium Sand	15	25
Coarse Sand	25	35
5' coarse 5' medium	35	45
coarse sand	45	65
coarse & gravel	65	75
5' coarse 5' coarse & gravel	75	85
coarse & gravel	85	95
3' gravel 7' coarse & gravel	95	105
gravel	105	108

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 lines that may aid in locating the property and the well
- 4) north arrow

Landowner Name:

I HEREBY CERTIFY that the well/formhole 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.

Tommy Peacock Lic #3409 5/7/14 Tommy Peacock
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

For Office Use Only:

Well #: _____

Aquifer: _____

County: LEFLORE
 Permit #: GW-47316
 Driller: TOMMY PEARD
 Date completed: 5-5-14
Copy information from block on Part 1

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>BARE BONES FARMS</u>	Latitude: <u>33°42'23"</u> Longitude: <u>90°12'53"</u>
Mailing Address: <u>605 ROBERT E LEE DR</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>GREENWOOD</u> City <u>MS</u> State <u>38930</u> Zip Code	<u>SW 1/4 SE 1/4, Sec 05 T 21N R 01E</u>
Telephone No. <u>(662) 453-0504</u>	<u>3 1/4</u> Miles <u>S</u> of <u>PHILLIP</u> (Distance) (Direction) (Nearest Town)

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 5-8-14 Rated Pump Capacity: 3000 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 80 Setting Depth: 70 feet Number of Stages: 1

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ 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 tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: McCrometer Meter Serial Number: 1408739

Meter Model Number/Name: M0310 Type of Meter: GROUNDWATER

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: 5-13-14 Meter installed by: CIRCLE S IRRIGATION

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. 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.

DAVID P. HOLT 0-752P 10-6-14 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

RECEIVED
 JUN 09 2014
 BY OLWR

14-0372