,				
State Well Report				
	Driller's Log	For Office Use Only:		
	nt of Environmental Quality	Aquifer:		
B.O.	and Water Resources Box 2309	Well #: H170		
	n, MS 39225			
1	961- 5210	L. S. Elevation:		
Date drilling completed: (601)96	1- 5228 (fax)	E-log #:		
State Law requires that this report be prepared by the lic	ense holder responsible for i	he work and filed with the		
Department at the above address within 30 days of com	pletion of drilling of the well	or borehole.		
Information on Well Owner	Well or Bo	rehole Location		
(Landowner if borehole is not for a water well)	1 27 . 22 . 3/1	" Longitude: <u>90° 13°, 08</u> "		
Owner Name Seek Froms	Latitude: 37 ° 33 ' 30	Longitude: 10 13 00		
Mailing Address: 10167 County Rd	Method of Lat/Long (circle or	e): Conventional Survey,		
	USGS quad, Hand-held	GPS, Survey-grade GPS		
516	NIN 1/1/1/ 800 27	Twn 20WRng OIE		
Greenwood Ms 38930	NE NW " SEC JA	. IWI AOP RING CIT		
City State Zip Code	Distance Direction	Nearest Town		
	Miles	of breenwood		
Telephone No. ()				
Well / Borchole Data				
Date drilling started: 4-21-13 Date drilling completed: 4-21-13 Hole depth: 15 Hole diameter: 24.10				
Location of the source of any surface water used for drilling: Wednest well				
Method of dosing and volume of Chlorine used in drilling and development:				
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:  Name of organization running log(s):				
Purpose of borehole (check 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 (check one): HomeIndustrial Public Supply Irrigation Fish Culture Other:				
If a flowing well, method of flow regulation: Valve Other (describe)				
Static Water Level: 33 feet above or below (circle one) land surface Date measured: 4-21-13				

Setting depth: From

Other (describe):

Casing diameter:

Screen diameter:

inches

electric tape

air line

inches

inches

/Underreamed

Type of grout (circle one): Neat Cement Bentonite

Type of casing: \_\_

Telescoped Open hole

feet. If telescoped or more than one screen, describe on next page

Type of screen:

75 feet to

Static Water Level: 23

Casing length: \_

Screen length:

Screen slot size:

Method of Measurement (circle one) (steel tape)

Well depth: 1/5 Well grouted to a depth of 1/5 feet

Type of completion (circle all applicable): Gravel packed

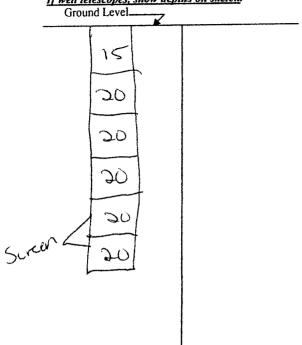
Top of lap pipe or reduction in casing:

Form: OLWR-SWR-1RECEIVED

Natural Development

#### 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 exempled by regulations

Description of Formations Encountered	From (depth)	To (depth)
Gumbo	Ground Level	70
sanci	20	40
course, sond	40	(40)
COUNSE SOLVICE	(40	80
gravel	700	100
gravel	100	1-12-1
<u> </u>	<del> </del>	
	<del> </del>	+
	-	
		1
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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.
River 1
$\mathcal{C}$
1. He Zion Church
Church
Well Mong pl
Well App
' \'q
Green wood
Landowner Name: Seek Farms
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.

Loe | Jumper 53 | 9

Print Name of Responsible Licensee and License No.

4-21-13

Signature of Licensee

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MAY **06** 2013

BY OLWR

#### STATE WELL REPORT

# County: LEFLORE Permit #: GW-46983 Driller: JOEL Jumke Date completed: 4-21-13 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 39225-2309
(601)961-5210

(601) 360-0535 (fax)

For Office Use Only:			
Well #:			
Aquifer:			

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 Latitude: 33, 33, 30 " Longitude: 90, 13, 08" Owner Name: BLEDSOR PLANTATION Mailing Address: 16167 C.P. 516 Method of Lat/Long (check one): Conventional Survey USGS quad\_\_\_\_\_, Hand-held GPS\_\_\_\_\_, Survey-grade GPS\_\_\_\_ CEEENWOOD MS NW 1/4 NN 1/4, Sec 32 T ZON R OIE (Distance) (Direction) of GREEN WOOD (Nearest Town) Telephone No. (642) 299-8690 Pump Type (circle one) Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): Date Pump Installed: \_ 7-27-13 Is This Pump (circle one): Repaired Replacement Power Type (circle one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): \_\_\_\_ Setting Depth: \_\_\_\_\_\_\_feet Number of Stages: \_\_\_\_ Horse Power Rating of Motor: Pump Test Data for Non Flowing Well Duration of Pump Test (minimum 4 hours): \_\_\_\_\_\_ hours Date Well Tested: Static Water Level (A): 23 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. \_\_\_\_\_GPM with a drawdown of \_\_\_\_\_\_ feet after \_\_\_\_\_hours of pumping Meter Installation Meter Manufacturer: \_\_\_\_\_\_\_ Meter Serial Number: Meter Model Number/Name: \_\_\_ \_\_\_\_\_ Type of Meter:\_\_\_\_\_ RE Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):\_\_\_\_\_ Installation Date: \_\_\_\_\_ Meter installed by: \_\_\_\_\_ 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.

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

8-21-13

Signature of Pump Installer

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

13.0016