

**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
(601) 961-5210
(601) 961-5228 (fax)

For Office Use Only:

Aquifer: L 317
Well #: _____
L.S. Elevation: _____
E-log #: _____

County: Leflore
Permit #: GW-46190 ✓
Driller: Irrigation Equipment
Date drilling completed: 06/09/2012

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)	Well or Borehole Location
Owner Name: <u>Dunn Family Holdings</u>	Latitude: <u>33 ° 28 ' 31 "</u> Longitude: <u>90 ° 14 ' 07 "</u>
Mailing Address: <u>9337 County Road 142</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,
<u>Itta Bena</u> <u>Ms</u> <u>38941</u>	<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip code	<u>SE</u> ¼ <u>SW</u> ¼ Sec <u>30</u> ✓ Twn <u>19N</u> ✓ Rng <u>1E</u> ✓
Telephone No. () -	Distance Direction Nearest Town
	<u>3</u> Miles <u>Southwest</u> of <u>Greenwood</u>

Well / Borehole Data

Date drilling started: 06/09/2012 Date drilling completed: 06/09/2012 Hole depth: 125 Hole diameter: 24"

Location of the source of any surface water used for drilling: Surface Water

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

Logs run (check 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) Home Industrial Public Supply Irrigation Fish Culture Other: _____

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 28 feet above or below (check one) land surface Date measured: 06/15/2012

Method of Measurement (check one) steel tape electric tape air line other: _____

Well depth: 125 Well grouted to a depth of 10 feet Type of grout (check one): Neat Cement Bentonite Mix

Casing length: 85 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 86 feet to 125 feet

Type of completion (check all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

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: Leflore
 Permit #: GW-46190
 Driller: Irrigation Equipment
 Date drilling completed: 06/09/2012
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: _____
 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
 Owner Name: Dunn Family Holdings
 Mailing Address: 9337 County Road 142
Itta Bena Ms 38941
 City State Zip code
 Telephone No. () -

Well Location
 Latitude: 33 28' 31.7 N Longitude: 90 14' 07.5 W
 Method of Lat/Long (check one): Conventional Survey,
 USGS quad, Hand-held GPS, Survey-grade GPS
SE 1/4 SW 1/4 Sec 30 T 19N R 1E
 Distance Direction Nearest Town
3 Miles Southwest of Greenwood

Pump Type
 Check one
 Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 06/15/2012
 Rated Pump Capacity 2500+/- Gallons Per Minute

Power Type
 Check one
 Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 60
 Setting Depth: 70 feet
 Number of Stages: 1

Pump Test Data
 Date Well Tested: _____
 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
 Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level
 Check one
 Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

This is for (check one): New Well Replacement of Existing Pump Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Patrick Chism 0695
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer
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 JUL 27 2012

Form: OLWR-SWR-1C (07-09)