

#3

State Well Report

Part I - Driller's Log

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2307
 Jackson, MS 39225
 (601)981-5210
 (601)981-5228 (fax)

For Office Use Only:

Aquifer: N134
 Well #: _____
 I. S. Elevation: _____
 E-log #: _____

County: LeFlore
 Permit #: GW-44453
 Driller: Clarence M. Murry
 Date drilling completed: 7-22-10

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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Wheeler Farms</u>	Latitude: <u>33° 25' 26"</u> Longitude: <u>90° 17' 28"</u>
Mailing Address: <u>P.O. Box 1179</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Greenwood MS 38935</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE 1/4 SE 1/4 Sec 16 Twn 18N Rng 1W</u>
Telephone No. <u>(662) 259-4799</u>	Distance: <u>5</u> Miles Direction: <u>South</u> of Nearest Town: <u>Lea Ben</u>

Well / Borehole Data

Date drilling started: 7-22-10 Date drilling completed: 7-22-10 Hole depth: 125' Hole diameter: 26"

Location of the source of any surface water used for drilling: near by ditch

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): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) N/A

Static Water Level: 34 feet above or below (circle one) land surface Date measured: 7-23-10

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

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

Casing length: 75 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 75 feet to 125 feet

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

Other (describe): _____

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

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-44453
 Driller: J. DeWayne Griffin
 Date completed: 7-23-10
Copy information from block on Part 1

For Office Use Only:
 Aquifer: N134
 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	Well Location
Owner Name: <u>Wheeler Farms</u>	Latitude: <u>N33° 25' 02.64"</u> Longitude: <u>W90° 17' 52.82"</u>
Mailing Address: <u>P.O. Box 1179</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Greenwood MS 38935</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 16 T18N R1W</u>
Telephone No. <u>(662) 299-4799</u>	Distance Direction Nearest town <u>5 Miles South of Itta Bena</u>

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 Rating of Motor: <u>60</u>
Date Pump Installed: <u>7-23-10</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NOT TESTED</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>34</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) (A)]: <u>N/A</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Clayton Miller 0-703 Clayton Miller
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Existing Pump