

Job # 9228

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)

County: DeWitt Panola
Permit #: GW43343
Driller: Pete Sappington
Date drilling completed: 6-19-09

For Office Use Only:
Aquifer: _____
Well #: E51
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)	Well or Borehole Location
Owner Name: <u>Sledge Taylor</u>	Latitude: <u>34° 26' 29.17"</u> Longitude: <u>90° 09' 58.135"</u>
Mailing Address: <u>Buckeye Farms</u> <u>P.O. Box 306</u> <u>Como, MS 38619</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NW 1/4 NW 1/4 Sec 33 Twn 7S Rng 9W</u>
Telephone No. <u>(662) 526-0058</u>	Distance Direction Nearest Town <u>2 Miles E of Sledge, MS</u>

Well / Borehole Data

Date drilling started: 6-19-09 Date drilling completed: 6-19-09 Hole depth: 100' Hole diameter: 18"

Location of the source of any surface water used for drilling: _____

Method of dosing and volume of Chlorine used in drilling and development: Sodium Hypo Chlorite @ 10 ppm

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) _____

Static Water Level: 12 feet above or below (circle one) land surface Date measured: 6-19-09

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

Well depth: 100' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement (Bentonite) Mix

Casing length: 60' feet Casing diameter: 10" inches Type of casing: PVC

Screen length: 40' feet Screen diameter: 10" inches Type of screen: PVC

Screen slot size: .032 inches Setting depth: From 60' feet to 100' 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: _____ feet. *If telescoped or more than one screen, describe on next page*

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

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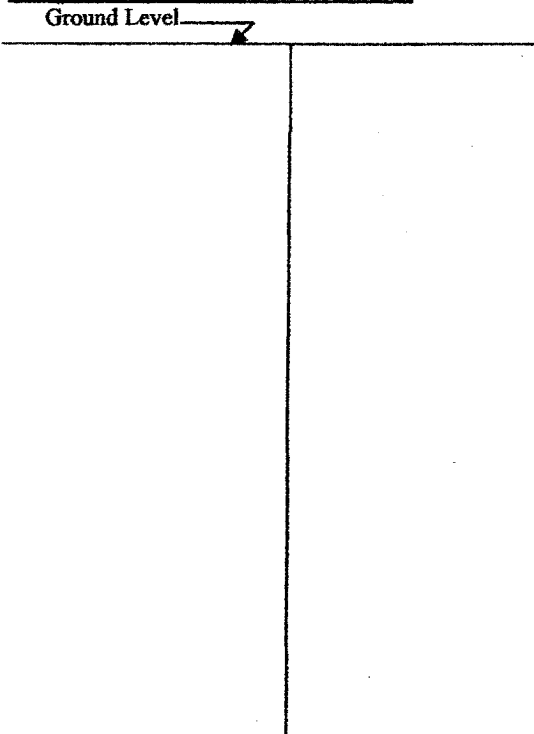
JUL 17 2009

BY: OLWR

The sketch below only required for water wells

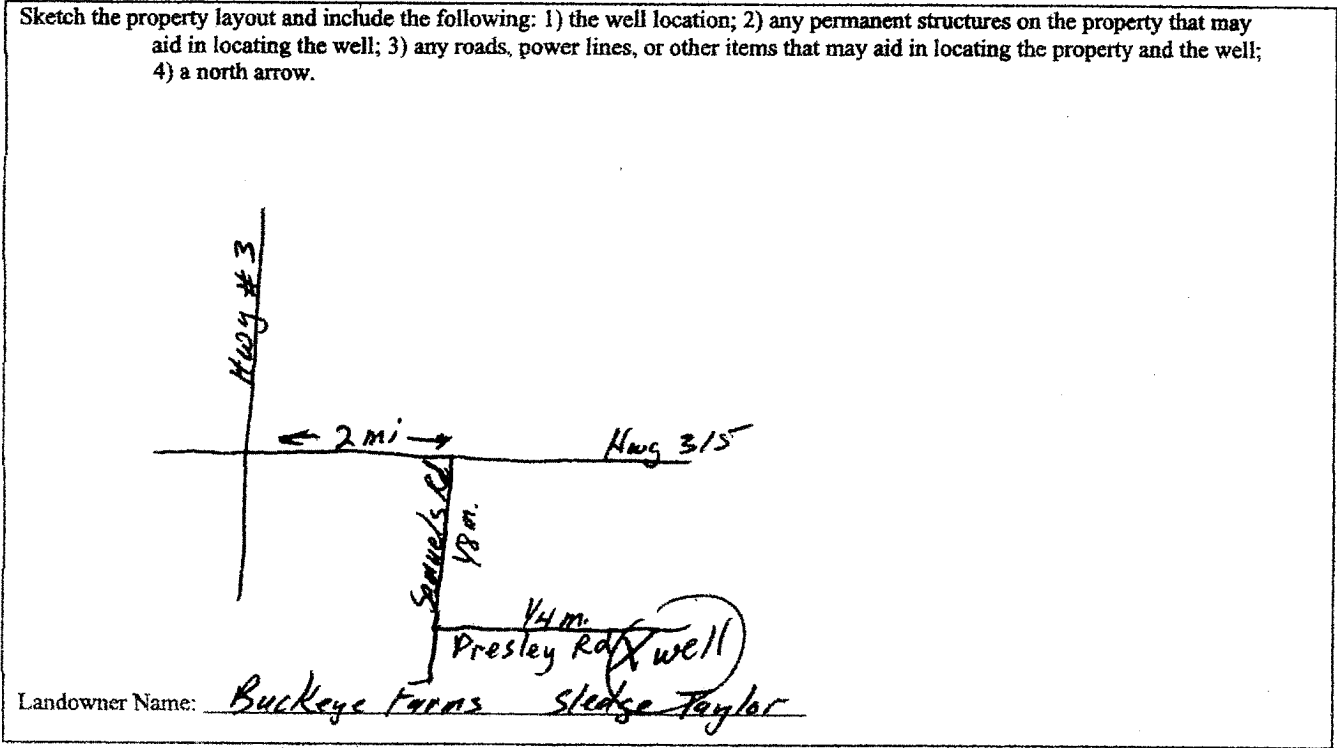
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
Clay	0	30'
Clay & Fine Sand	30'	40'
Sand & Gravel	40'	100'

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



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.

Pete Sappington 0430 7-9-09

Print Name of Responsible Licensee and License No. Date

(Signature)

Signature of Licensee

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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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: PANOLA
 Permit #: _____
 Driller: PETE SAPPINGTON
 Date completed: 6-19-09
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: E51
 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>BUCKEYE FARMS</u>	Latitude: <u>34° 26' 13.4"</u> Longitude: <u>90° 9' 37.7"</u>
Mailing Address: <u>P.O. Box 306</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Como, MS 38619</u> City State Zip Code	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
Telephone No. <u>662 526-0058</u>	<u>NW 1/4 NW 1/4 Sec 33 T 75 R 9W</u>
	Distance Direction Nearest Town <u>3 Miles E of SLEDGE</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input checked="" type="radio"/>	Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/>
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input checked="" type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill <input type="radio"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15</u>
Date Pump Installed: <u>6-23-09</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>800</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> <u>Steel Tape</u> <input checked="" type="radio"/>
Static Water Level (A): <u>12</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ 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.

David P. Holt 0-752P _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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