

State Well Report

Part 1 - Driller's Log

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 #: MS-GW 45993/
 Driller: Will Young
 Date drilling completed: 6-8-2012

For Office Use Only:
 Aquifer: _____
 Well #: E55
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Duckeye Farms</u>	Latitude: <u>34° 25' 36"</u> Longitude: <u>90° 07' 16"</u>
Mailing Address: <u>PO Box 306</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Como</u> <u>MS</u> <u>38619</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS _____
City State Zip Code	<u>SW</u> 1/4 <u>SW</u> 1/4 Sec <u>33</u> Twn <u>75</u> Rng <u>9W</u>
Telephone No. (____)	SE Distance <u>5</u> Miles Direction <u>E</u> of Nearest Town <u>Sledge</u>

Well / Borehole Data

Date drilling started: 6-8 Date drilling completed: 6-8 Hole depth: 120 Hole diameter: 22"

Location of the source of any surface water used for drilling: Local 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) N/A

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 N/A Other (describe) _____

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 6-8

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

Well depth: 120 Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 1.6 inches Type of screen: PVC

Screen slot size: 050 inches Setting depth: From 80 feet to 120 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*

Form: OLWR-SWR-1A

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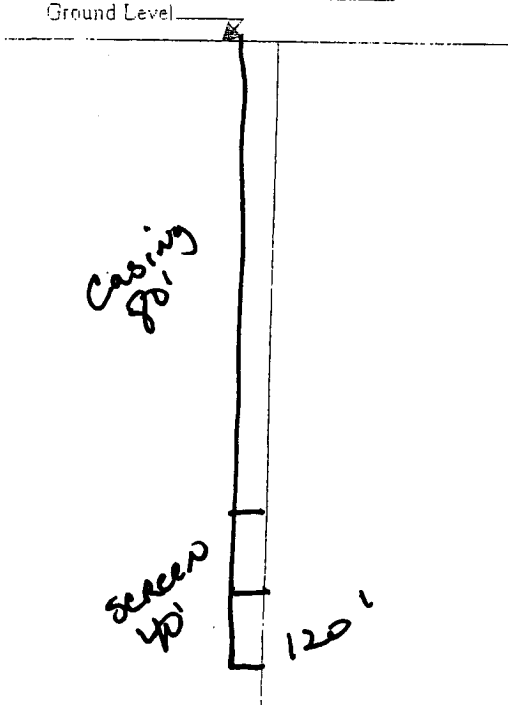
AUG 07 2012

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

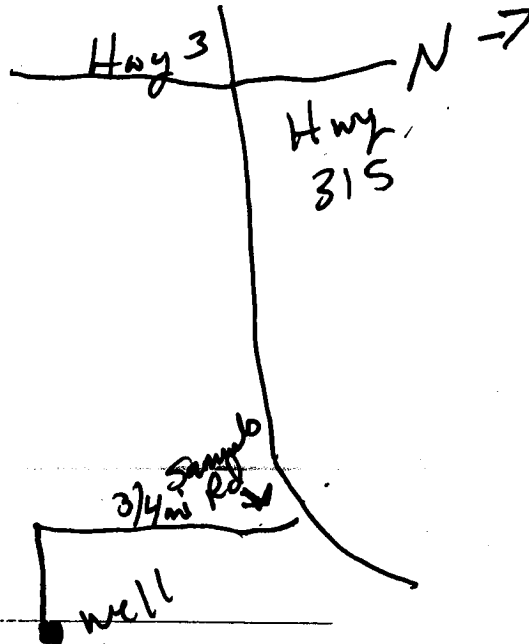
If well telescopes, show depths on sketch



Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	20
Coarse sand	20	35
Coarse Sand Gravel	35	120

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



Landowner Name: _____

Form: OLWR-SWR-1A

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.

Will Young

6-20-12

Will Young

Print Name of Responsible Licensee and License No.

Date

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 2309
Jackson, MS 39225
(601) 961-5210
(601) 961-5228 (fax)

For Office Use Only:

Aquifer: E55
Well #: _____
Elevation: _____

County: PANOLA
Permit #: GW-45993
Driller: Young's Custom Service
Date drilling completed: _____
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>BUCKEYE FARMS</u>	Latitude: <u>34° 25' 35.39"</u> Longitude: <u>90° 09' 15.21"</u>
Mailing Address: <u>P.O. BOX 306</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,
<u>Como</u> <u>MS</u> <u>38619</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip code	<u>SW</u> ^{1/4} <u>SE</u> <u>33</u> T <u>7S</u> R <u>9W</u>
Telephone No. <u>(662) 526 0058</u>	Distance Direction Nearest Town
	<u>3 3/4</u> Miles <u>E</u> of <u>SLEOGE</u>

Pump Type Check one	Power Type Check one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>6-13-12</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity <u>3000</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Check one
Date Well Tested: _____	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): _____ 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	

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.

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

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