

State Well Report

Part I - 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)

For Office Use Only:

Aquifer: _____
Well #: E56
L. S. Elevation: _____
E-log #: _____

County: Leflore
Permit #: 45994
Driller: W. H. Young
Date drilling completed: 6-9-2012

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>Sledge Taylor (Buckeye Farms)</u>	Latitude: <u>34° 25' 57"</u> Longitude: <u>90° 08' 42"</u>
Mailing Address: <u>PO Box 306</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Como</u> <u>MS</u> <u>38619</u>	<u>SE</u> 1/4 <u>SE</u> 1/4 Sec. <u>38</u> Twn <u>7S</u> Rng <u>9W</u>
City State Zip Code	<u>NE</u> 1/4 <u>33</u>
Telephone No. ()	Distance _____ Direction _____ Nearest Town _____

Well / Borehole Data	
Date drilling started: <u>6-9</u> Date drilling completed: <u>6-9</u> Hole depth: <u>118</u> Hole diameter: <u>22"</u>	
Location of the source of any surface water used for drilling: <u>Local Ditch</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>N/A</u>	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) <u>N/A</u>	
<u>If drilling is not related to water well construction, skip the remainder of this block</u>	
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve <u>N/A</u> Other (describe) _____	
Static Water Level: <u>20'</u> feet above or below (circle one) land surface Date measured: <u>6-9</u>	
Method of Measurement (circle one): <u>steel tape</u> electric tape air line other: _____	
Well depth: <u>118</u> Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix	
Casing length: <u>78</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>78</u> feet to <u>118</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>N/A</u> feet <u>If telescoped or more than one screen, describe on next page</u>	

Form: OLWR-

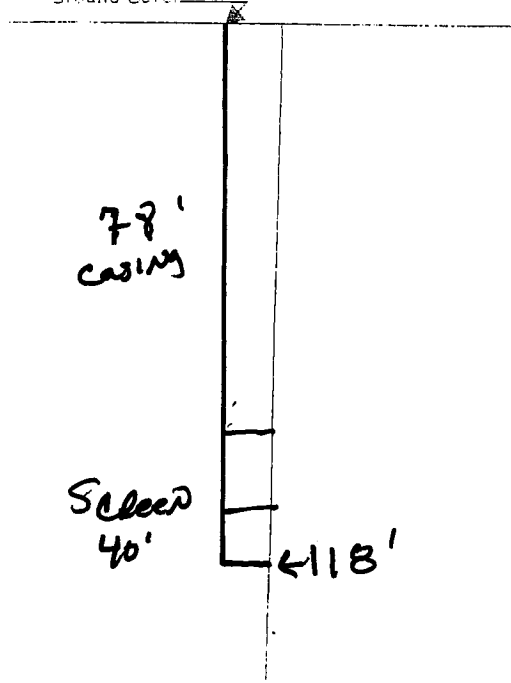
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AUG 07 2012

BY: OLWR

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

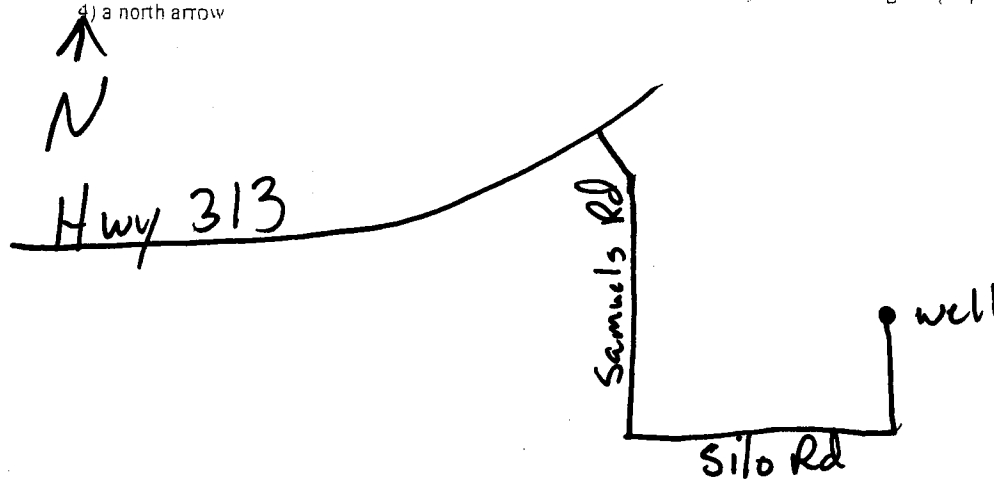
Ground Level



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

[illegible]

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.

laws. Will Young
Print Name of Responsible Licensee and License No.

6-20-12
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)

County: PANOLA
Permit #: GW-45994
Driller: YOUNGS Custom Service
Date completed: _____
Copy information from block on Part 1

For Office Use Only:
Aquifer: E56
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>BUCKEYE FARMS</u>	Latitude: <u>34° 25' 36.14"</u> Longitude: <u>90° 08' 43.49"</u>
Mailing Address: <u>P.O. BOX 306</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Como, MS 38619</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>58</u> 1/4 <u>58</u> 1/4 Sec <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 Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	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>6-13-12</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2200</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line 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	

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]
Signature of Pump Installer

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

JUL 18 2012

BY OLWR