

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)

County: Lawrence
 Permit #: 46172
 Driller: Will Young
 Date drilling completed: 6-11-2012

For Office Use Only:
 Aquifer: _____
 Well #: E57
 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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Buckeye Farms</u> Mailing Address: <u>P.O. Box 306</u> <u>Como MS 38617</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>34° 25' 57"</u> Longitude: <u>90° 08' 04"</u> Method of Lat/Long (circle one): Conventional Survey, <u>45</u> USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS ✓ <u>JE</u> ¼ <u>NE</u> ¼ Sec <u>83</u> Twn <u>7S</u> Rng <u>9W</u> Distance Direction Nearest Town <u>4</u> Miles <u>E</u> of <u>Sledge</u></p>
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Well / Borehole Data

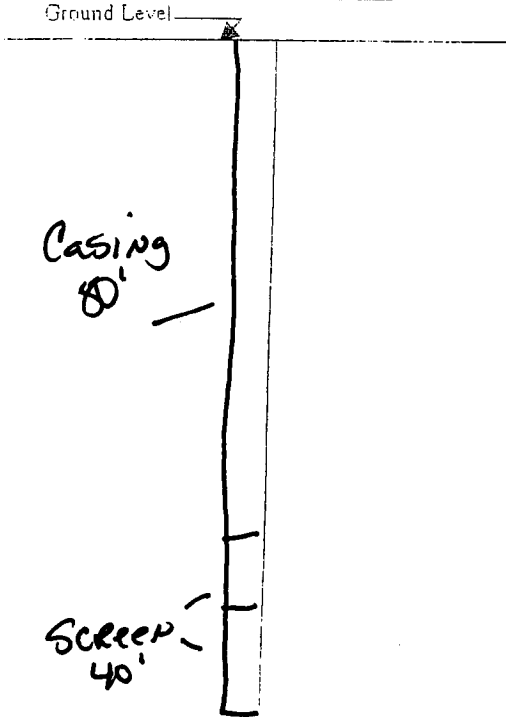
Date drilling started: 6-11 Date drilling completed: 6-11 Hole depth: 120 Hole diameter: 22"
 Location of the source of any surface water used for drilling: Local Ditch
 Method of dosing and volume of Chlorine used in drilling and development: _____
 Logs run (circle all applicable): No log run Electric 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) _____
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: 15' feet above or below (circle one) land surface Date measured: 6-11
 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: 16 inches Type of screen: PVC
 Screen slot size: .050 inches Setting depth: From 0 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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The sketch below only required for water wells:

If well telescopes, show depths on sketch:

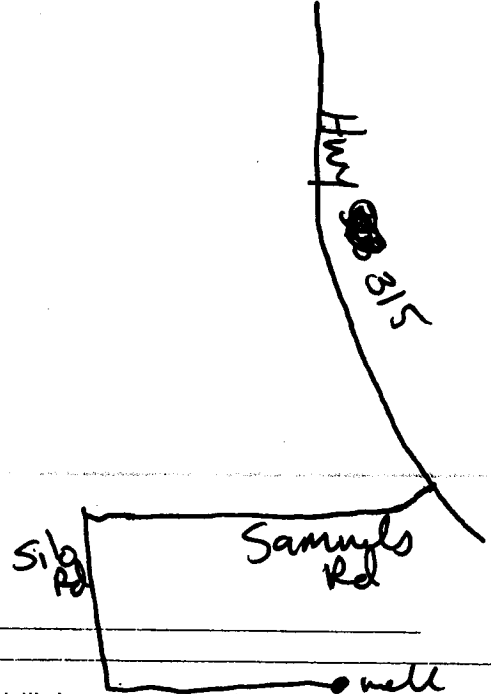


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	25
Coarse Sand	25	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: Buckeye Farms

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
Print Name of Responsible Licensee and License No.

6-20-12
Date

Will Young
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-46172
 Driller: YOUNG'S CUSTOM SERVICE
 Date completed: _____
Copy information from block on Part 1

For Office Use Only:

Aquifer: E 57
 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' 57.38"</u> Longitude: <u>90° 08' 44.18"</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>SE 1/4 NE 1/4 Sec 33 T 75 R 9W</u>
Telephone No. <u>(601) 526-0058</u>	Distance Direction Nearest Town
	<u>3 3/4 Miles E of SLEDGE</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 _____
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
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

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 Form: OLWR-SWR-45 (04/08)

JUL 13 2012
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