

County: Panola
 Permit #: GW-44530
 Driller: Joel Jumper
 Date drilling completed: 4-29-14

State Well Report
Part I - 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)

For Office Use Only:
 Aquifer: _____
 Well #: K57
 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>Beard Farms</u> | Latitude: <u>34° 24' 16"</u> Longitude: <u>90° 8' 55"</u> |
| Mailing Address: <u>14975 Ballentine Rd</u> | Method of Lat/Long (circle one): Conventional Survey |
| <u>Sardis</u> <u>Ms</u> <u>38666</u> | USGS quad, (Hand-held GPS, Survey-grade GPS) |
| City State Zip Code | <u>NE</u> 1/4 <u>NE</u> 1/4 Sec <u>09</u> Twn <u>08S</u> Rng <u>09W</u> |
| Telephone No. () _____ | SE Distance <u>4</u> Miles Direction <u>E</u> of Nearest Town <u>Falcon</u> |

Well / Borehole Data

Date drilling started: 4-29-14 Date drilling completed: 4-29-14 Hole depth: 108 Hole diameter: 2 1/2"

Location of the source of any surface water used for drilling: Nearest Well

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) _____

Static Water Level: 12 feet above or below (circle one) land surface Date measured: 4-29-14

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

Well depth: 108 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 68 feet Casing diameter: 16 inches Type of casing: pvc

Screen length: 40 feet Screen diameter: 16 inches Type of screen: pvc

Screen slot size: 0.50 inches Setting depth: From 0 feet to 50 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)
 POLYMER
 MAY 21 2014
 OLWR

Received

JUN 13 2014

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 39225-2309
(601)961-5210
(601) 360-0535 (fax)

For Office Use Only

BY OLWR

Well #: _____

Aquifer: _____

County: PANOLA
Permit #: GW-44530
Well: DLTED WELL SERVICE
Date completed: 4-24-14
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: Owner Name: BART BEARD, Mailing Address: 14975 BALLENTINE RD, SAROIS MS 38666, Telephone No. (662) 514-2942. Well Location: Latitude: 34° 23' 57", Longitude: 90° 08' 50", Method of Lat/Long: Conventional Survey, USGS quad: NE 1/4 NE 1/4, Sec 09 T 08S R 09W, 6 Miles E of FALCON.

Pump Type (circle one): Submersible Turbine, Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): Date Pump Installed: 5-13-14, Rated Pump Capacity: 3000 Gallons Per Minute, Is This Pump (circle one): New, Repaired Replacement

Power Type (circle one): Electric Diesel, Gasoline Natural Gas Tractor PTO Windmill Other (describe): Horse Power Rating of Motor: 80, Setting Depth: 70 feet, Number of Stages: 1

Pump Test Data for Non Flowing Well: Date Well Tested: _____, Duration of Pump Test (minimum 4 hours): _____ hours, Static Water Level (A): 12 Feet Below Land Surface, Pumping Water Level (B): _____ Feet Below Land Surface, Drawdown [(B) - (A)]: _____ Feet Below Land Surface, Test Pumping Rate: _____ Gallons Per Minute, Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well: Measured shut in head: _____ feet, Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation: Meter Manufacturer: McCrometer, Meter Serial Number: 14-08747, Meter Model Number/Name: M0310, Type of Meter: GROUND WATER, Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____, Installation Date: 5-21-14, Meter installed by: CIRCLE S IRRIGATION, Is This Meter (circle one): New, Repaired Replacement, Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge. DAVID P. HOLT 0-752P 6-10-14 Signature of Pump Installer

14-0213