

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:

County: Panola
Permit #: GW-44531
Driller: Joel Jumper
Date drilling completed: 4-29-14

Aquifer:
Well #: K58
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) and Well or Borehole Location. Includes fields for Owner Name (Beard Farms), Mailing Address (14975 Ballentine Road, Sardis, MS 38666), Latitude (34° 23' 50"), Longitude (90° 8' 55"), and USGS quad (NE 1/4 SE 1/4 Sec 09, Twn 08S, Rng 09W).

Well / Borehole Data. Includes fields for Date drilling started/completed (4-29-14), Hole depth (105), Hole diameter (28in), Location of source of any surface water used for drilling (Nearest Well), Logs run (No log run), Purpose of borehole (Water Well), and Seismic Survey.

Purpose of Well (check one): Home, Industrial, Public Supply, Irrigation, Fish Culture, Other. Includes fields for Static Water Level (12 feet above), Method of Measurement (steel tape), Well depth (105), Casing length (65), Screen length (40), and Type of completion (Gravel packed).

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

RECEIVED

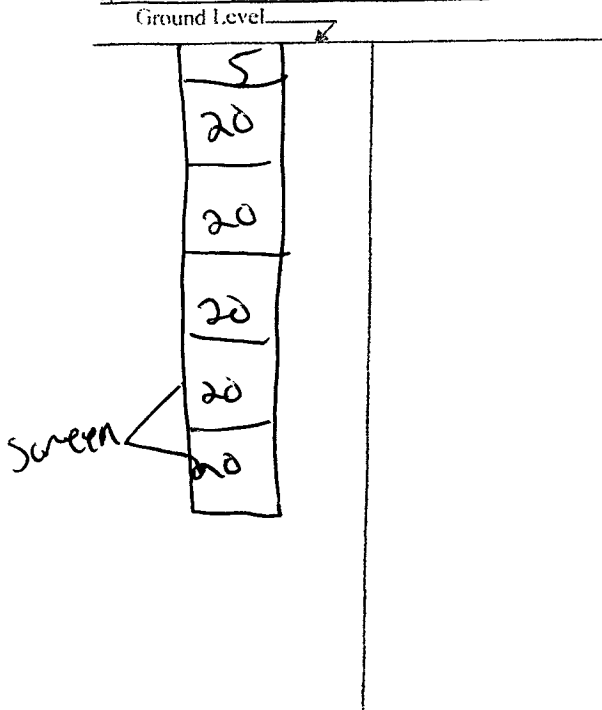
MAY 21 2014

11:00 AM

The sketch below only required for water wells.

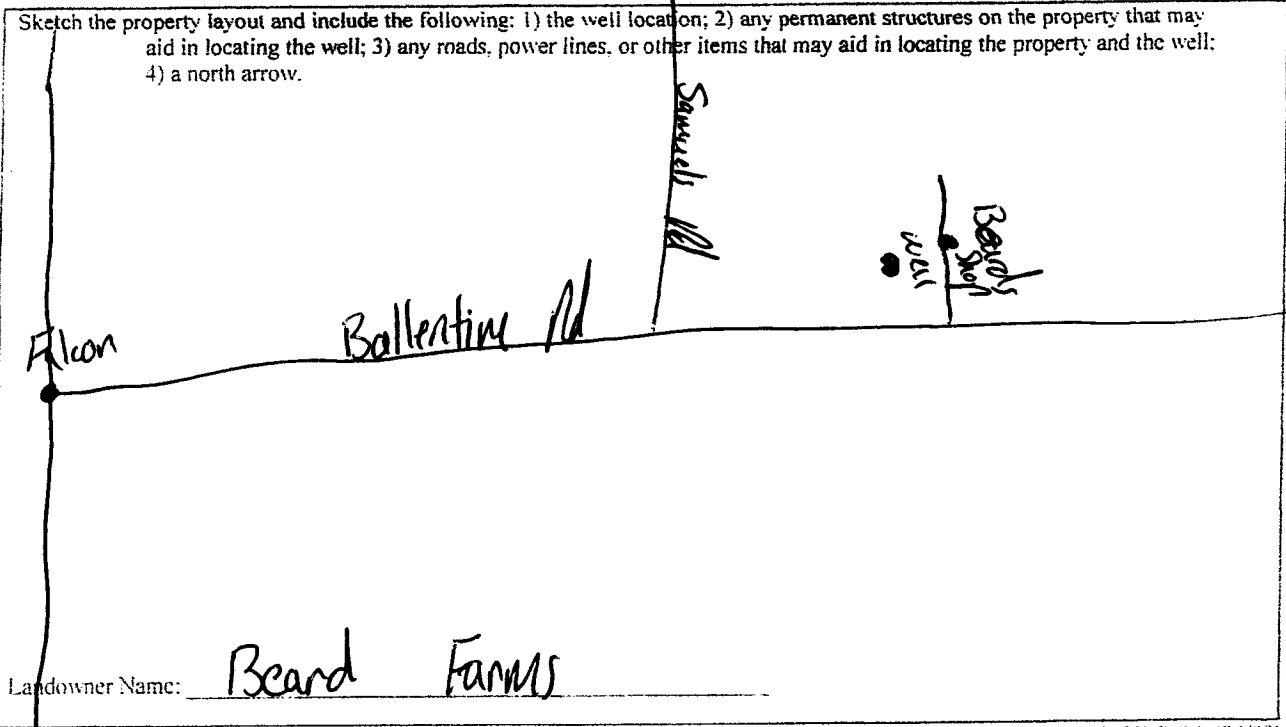
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Sand	Ground Level	20
Sand	20	40
Course sand	40	60
Course sand	60	80
gravel	80	100
gravel	100	105

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



Form: OI.WR-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.

Print Name of Responsible Licensee and License No. Joel Sumper 5317 Date 4-29-14

Signature of Licensee [Signature]

MAY 21 2014
L. W. W. R.

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:

Well #: _____

Aquifer: _____

County: PANOLA
Permit #: GW-44531
Title: JOLTED WELL SEIZURE
Date completed: 4-29-14
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	Well Location
Owner Name: <u>BART BEARD</u>	Latitude: <u>34° 23' 48"</u> Longitude: <u>90° 08' 57"</u>
Mailing Address: <u>14975 BALLENTINE RD</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>SARDIS</u> <u>MS</u> <u>38666</u>	<u>NE</u> ¼ <u>SE</u> ¼, Sec. <u>09</u> T. <u>08S</u> R. <u>09W</u>
City State Zip Code	<u>6</u> Miles <u>E</u> of <u>FALLON</u>
Telephone No. <u>(662) 514-2942</u>	(Distance) (Direction) (Nearest Town)

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: 60 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: 14-08742

Meter Model Number/Name: M0310 Type of Meter: GROUNDWATER

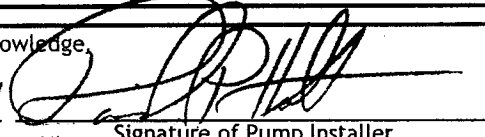
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

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 

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Received
JUN 13 2014
BY OLWR

14-0243