

State Well Report

Part 1 - 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)

County: Penola
Permit #: GW- 44768 ✓
Driller: Delta Drilling of Tunica
Date drilling completed: 6-1-11

For Office Use Only:
Aquifer: Q 49
Well #: _____
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>John Thomas</u>	Latitude: <u>N 34° 19' 34"</u> Longitude: <u>W 90° 03' 23"</u>
Mailing Address: <u>Thomas Farms</u> <u>5142 Chapel Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Batesville</u> <u>Ms.</u> <u>39206</u>	<u>NW</u> 1/4 <u>NW</u> 1/4 Sec <u>9</u> ✓ Twn <u>9S</u> ✓ Rng <u>8W</u> ✓
City State Zip Code	Distance Direction Nearest Town <u>5</u> Miles <u>West</u> of <u>Batesville</u>
Telephone No. () _____	

Well / Borehole Data

Date drilling started: 6-1-11 Date drilling completed: 6-1-11 Hole depth: 85 Hole diameter: 28

Location of the source of any surface water used for drilling: 1/4 mile east - pond

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: 20 feet above or below (circle one) land surface Date measured: 6-2-11

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

Well depth: 85 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 4020 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .032 inches Setting depth: From 20 feet to 60 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-12-07-09
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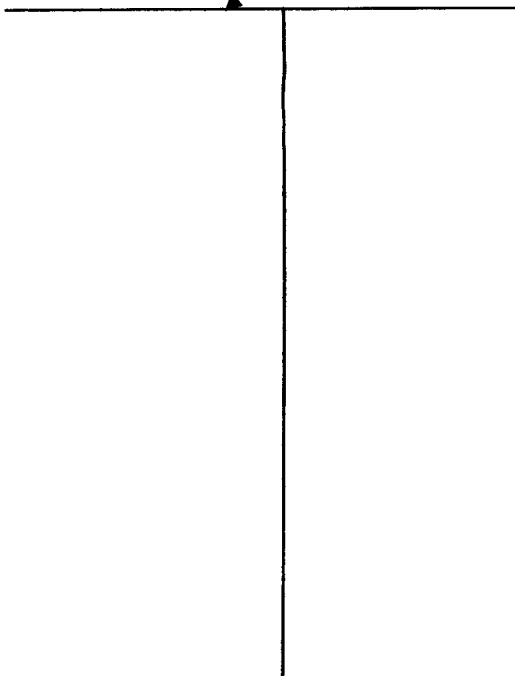
049

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.

Ground Level →



Description of Formations Encountered	From (depth)	To (depth)
loamy sand	Ground Level	8
clay	9	21
coarse sand	22	60
clay	60	85

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.

The sketch shows a property layout with the following features:

- A north arrow pointing upwards, labeled 'N'.
- A road on the left side labeled 'Macedonia Rd.'.
- A building labeled 'farm HQ' located near the intersection of Macedonia Rd. and Highway 6.
- A well represented by a dot and labeled 'well'.
- A river levee on the right side labeled 'Tallahatchie River Levee'.
- A road at the bottom labeled 'Hwy 6'.

Landowner Name: John Thomas

Form: OLWR-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.

Chris Shackley # 2561
Print Name of Responsible Licensee and License No.

7-24-11
Date

[Signature]
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: _____

Well #: Q49

Elevation: _____

County: Panola

Permit #: GW-44768

Driller: Delta Drilling of Tunica

Date completed: 6-2-11

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>John Thomas</u>	Latitude: <u>N34° 19.354'</u> Longitude: <u>W90° 03.203'</u>
Mailing Address: <u>Thomas Farms</u> <u>5142 Chapel Rd.</u> <u>Batesville Ms. 39606</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ NW ¼ NW ¼ Sec <u>9</u> T <u>9S</u> R <u>8W</u>
Telephone No. () _____	Distance _____ Direction <u>West</u> Nearest Town <u>Batesville</u> <u>5</u> Miles of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<input checked="" type="radio"/> Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input checked="" type="radio"/> Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>80</u>
Date Pump Installed: <u>6-2-11</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1600</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 <input checked="" type="radio"/> 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 (circle 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.

Chris Shockey #2561
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer

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Form: OLWR-SWR-1C (07/09) 8 2011

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