

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)

For Office Use Only:

Aquifer:
Well #: U90
L.S. Elevation:
E-log #:

County: Panola
Permit #: GW-45937
Driller: Irrigation Equipment
Date drilling completed: 05/14/2012

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)
Owner Name: Neblett Farms LLC
Mailing Address: P.O.Box 832
Hernando Ms 38632
Telephone No.
Well or Borehole Location
Latitude: 34° 14' 11" Longitude: 90° 06' 45"
Method of Lat/Long (check one): [] Conventional Survey, [] USGS quad, [X] Hand-held GPS, [] Survey-grade GPS
NE 1/4 SW 1/4 Sec 5 Twn 27N Rng 2E
Distance: 4 Miles Direction: North of Nearest Town: Crowder

Well / Borehole Data

Date drilling started: 05/14/2012 Date drilling completed: 05/14/2012 Hole depth: 95 Hole diameter: 20"
Location of the source of any surface water used for drilling: Surface Water
Method of dosing and volume of Chlorine used in drilling and development: 50 PPM
Logs run (check all applicable): [X] No log run [] Electric [] Gamma Ray [] Density [] Sonic [] Neutron [] Other:
Name of organization running log(s):
Purpose of borehole (check one): [X] 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 [X] Irrigation [] Fish Culture [] Other:
If flowing, method of flow regulation: Valve Other (describe)
Static Water Level: feet above or below (check one) [] land [] surface Date measured:
Method of Measurement (check one) [] steel tape [] electric tape [] air line [] other:
Well depth: 95 Well grouted to a depth of 10 feet Type of grout (check one): [] Neat Cement [X] Bentonite [] Mix
Casing length: 55 feet Casing diameter: 12 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC
Screen slot size: .050 inches Setting depth: From 56 feet to 95 feet
Type of completion (check all applicable): [X] Gravel packed [] Underreamed [] Telescoped [] Open hole [] Natural Development [X] Other (describe): Circle S Irrigation will set pump
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)

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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)
Clay	Ground level	19
Fine Sand	20	30
Fine Sand & Gravel	31	38
Medium Sand & Gravel	39	92
Clay	93	95

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: Neblett Farms LLC

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.

Patrick Chism 0695
Print Name of Responsible Licensee and License No.

05/15/2012
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)

County: PANOLA
 Permit #: GW-45937
 Driller: IRRIGATION Equipment
 Date drilling completed: 5-14-12
Copy information from block on Part 1

For Office Use Only:

Aquifer: U90
 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>NEBLETT FARMS</u>	Latitude: <u>34° 14' 11"</u> Longitude: <u>90° 06' 45"</u>
Mailing Address: <u>P.O. BOX 832</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,
<u>HERNANDO, MS 38632</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip code	<u>NE 1/4 SW 1/4 Sec 5 T 27N R 2E</u>
Telephone No. <u>(601) 820-2205</u>	Distance <u>4.4</u> Miles Direction <u>N</u> of Nearest Town <u>CROWDER</u>

Pump Type Check one	Power Type Check one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): _____
Date Pump Installed: <u>5-16-12</u>	Horse Power Rating of Motor: <u>30</u>
Rated Pump Capacity <u>1400</u> Gallons Per Minute	Setting Depth: <u>60</u> feet
	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Check one
Date Well Tested: _____	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> 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 (check 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.

DAVID P. HOLT 0-752P [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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JUL 30 2012
 BY: OLWR 12/16/12