

Job # 8618

State Well Report

Part I - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2307
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

For Office Use Only:

Aquifer:
Well #: A-84
L. S. Elevation:
E-log #:

County: Quitman
Permit #: CW42970
Driller: Pete Sappington
Date drilling completed: 11-18-08

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 Faust Farms
Mailing Address: 840 Six Mile Lake Rd.
Sledge MS 38670
Telephone No. (662) 382-7772
Well or Borehole Location
Latitude: 34° 26' 42.07" Longitude: 90° 18' 02.9"
Method of Lat/Long (circle one): Conventional Survey, Hand-held GPS, Survey-grade GPS
Distance 5 Miles W of Sledge

Well / Borehole Data
Date drilling started: 11/18/08 Date drilling completed: 11/18/08 Hole depth: 100' Hole diameter: 28"
Location of the source of any surface water used for drilling: Pond West of Well location, on Road
Method of dosing and volume of Chlorine used in drilling and development: Sodium hypochlorite @ 10 ppm
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 [checked] 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 [checked] Fish Culture Other:
If a flowing well, method of flow regulation: Valve Other (describe)
Static Water Level: 18 feet above or below (circle one) land surface Date measured: 11-18-08
Method of Measurement (circle one) steel tape electric tape air line other:
Well depth: 100' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 60 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 60 feet to 100 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)

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6W42970

A-84

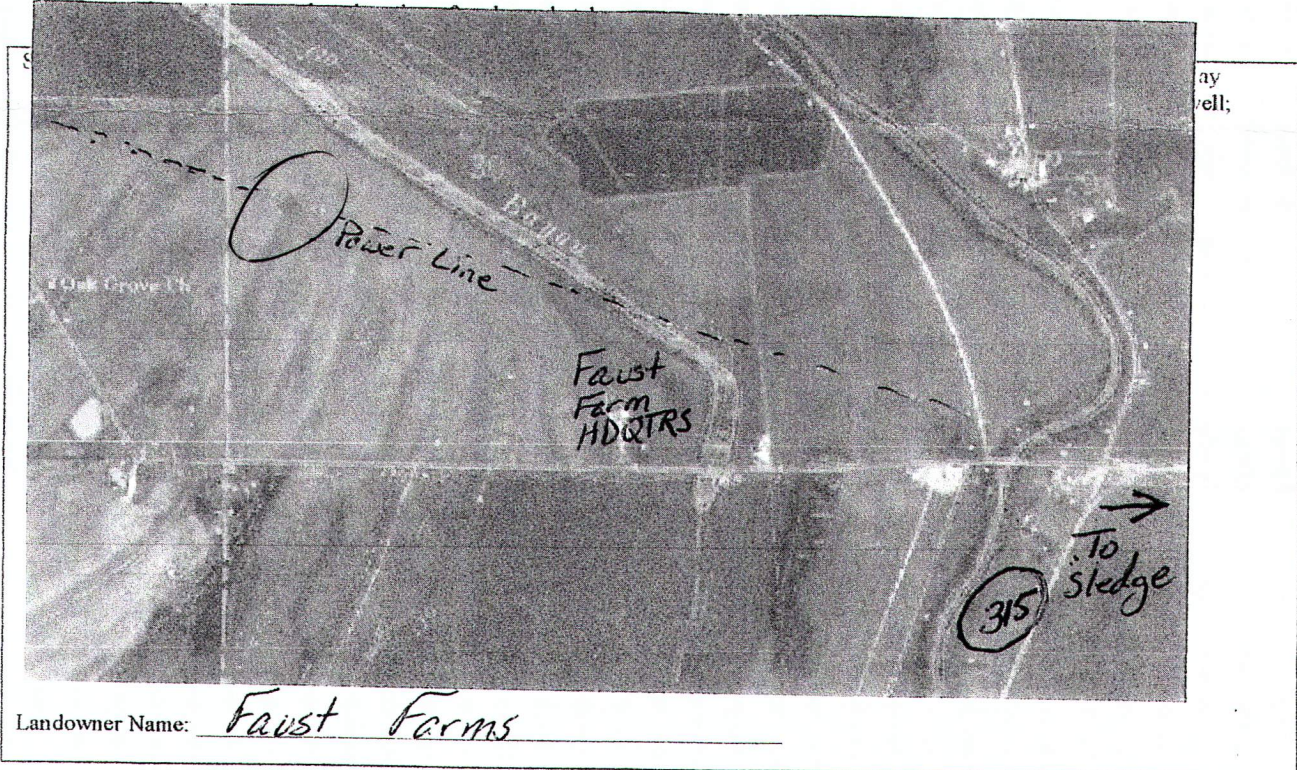
The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

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)
Mud	Ground Level	21
Coarse Sand / Gravel	21	100



Landowner Name: Faust Farms

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.

Pete Sappington #0430 12-5-08
Print Name of Responsible Licensee and License No. Date

Pete Sappington
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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Quitman
 Permit #: OW42970
 Driller: PETE'S WELL DRILLING
 Date completed: 11-18-08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: A. 84
 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>FAUST FARMS</u>	Latitude: <u>34° 26' 42"</u> Longitude: <u>090° 18' 02"</u>
Mailing Address: <u>840 SIX MILE LAKE RD</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>SLEDGE, MS</u> <u>38670</u> City State Zip Code	Distance _____ Direction <u>30 T 75 R 10W</u>
Telephone No. <u>(662) 382-7772</u>	Distance <u>4 1/2</u> Miles Direction <u>NNW</u> of <u>SLEDGE, MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>2-19-09</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: <u>1200</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 <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>18</u> 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	

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

Form: OLWR-SWR-1B

FEB 27 2009
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