

County: Quitman  
 Permit #: GW-  
 Irrigation Equipment  
 Driller:  
 Date drilling completed: 9-16-11

**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 #: 029  
 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)  
 Owner Name: Ricc Down Partners  
 Mailing Address: 65 Union Ave.  
Suite 1100  
Memphis Tn. 38103  
 City State Zip Code  
 Telephone No. ( ) \_\_\_\_\_

**Well or Borehole Location**  
 Latitude: 34° 24' 12.3" Longitude: 90° 12' 24.9"  
 Method of Lat/Long (circle one): Conventional Survey,  
 USGS quad, Hand-held GPS, Survey-grade GPS,  
SE 1/4 NW 1/4 Sec 12 Twn 85 Rng 10W  
 Distance Direction Nearest Town  
2 Miles SE of Sledge

**Well / Borehole Data**  
 Date drilling started: 9-16-11 Date drilling completed: 9-16-11 Hole depth: 104 Hole diameter: 24"  
 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 (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: \_\_\_\_\_ feet above or below (circle one) land surface Date measured: \_\_\_\_\_  
 Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
 Well depth: 104 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 64 feet Casing diameter: 16 inches Type of casing: PVC  
 Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC  
 Screen slot size: .050 inches Setting depth: From See back feet to \_\_\_\_\_ 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*

Circle S Irrigation will set pump.



# 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: Quitman  
 Permit #: GW -  
 Driller: Irrigation Equipment  
 Date completed: 9-16-11  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: C89  
 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>Rice Down Partners</u> | Latitude: <u>34° 24' 12.3"</u> Longitude: <u>90° 12' 24.9"</u> |
| Mailing Address: <u>65 Union Ave</u>  | Method of Lat/Long (check one): Conventional Survey _____      |
| <u>Suite 1100</u>                     | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____   |
| <u>MEMPHIS, TN 38103</u>              | <u>6E 1/4 NW 1/4 Sec 12 T 9S R 10W</u>                         |
| City State Zip Code                   | Distance Direction Nearest Town                                |
| Telephone No. (____) _____            | <u>2</u> Miles <u>S</u> of <u>SLUDGE</u>                       |

| Pump Type<br>Circle one                             | Power Type<br>Circle one                              |
|---|---|
| Air Lift      Jet      Submersible                  | <u>Diesel Engine</u> Gasoline Engine      Natural Gas |
| Bucket      Piston <u>Turbine</u>                   | 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>10-22-11</u>                | Setting Depth: <u>70</u> feet                         |
| Rated Pump Capacity: <u>3000</u> Gallons Per Minute | Number of Stages: <u>1</u>                            |

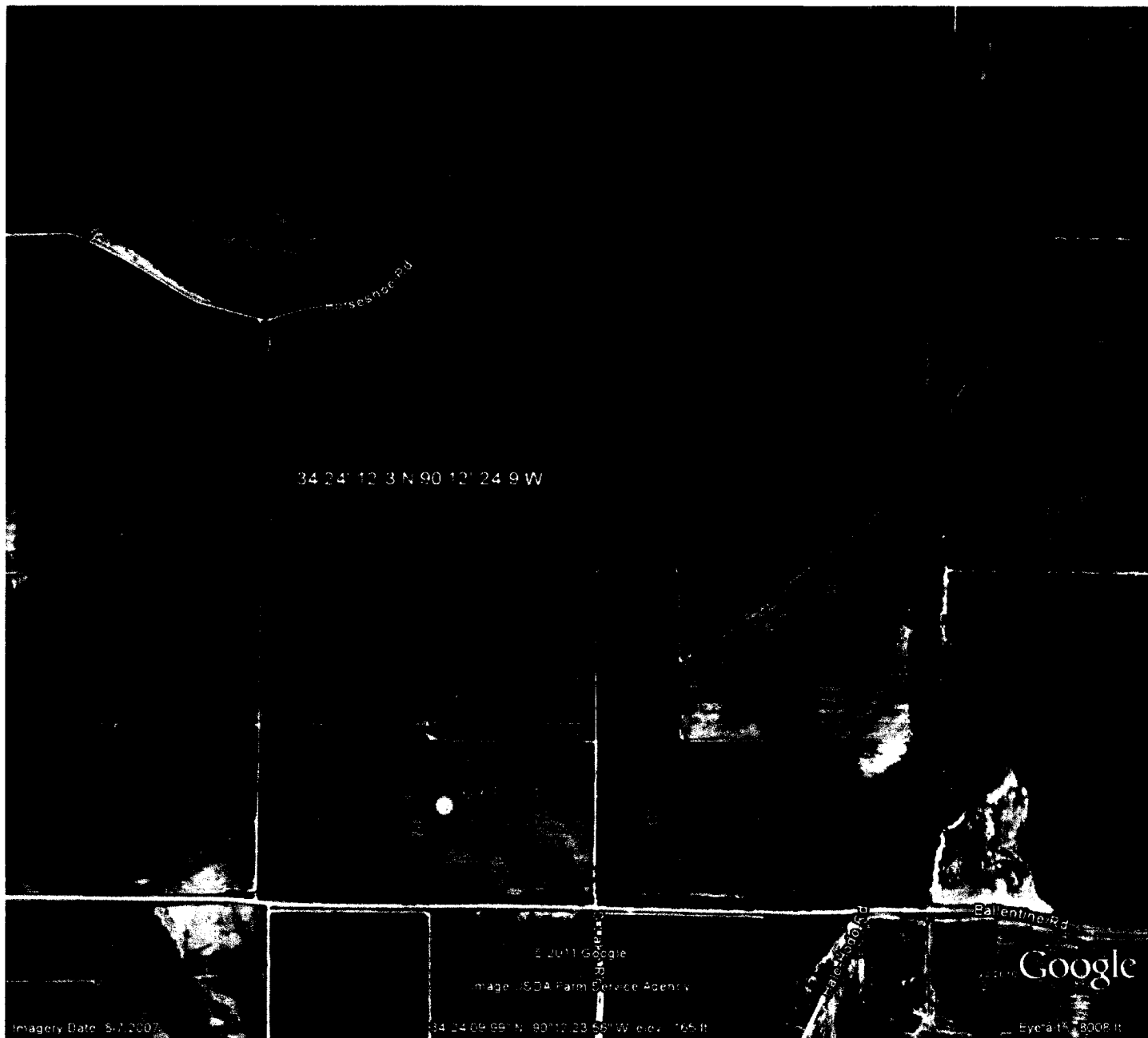
| Pump Test Data   | Method of Measuring Water Level<br>Circle one                                     |
|--|---|
| Date Well Tested: _____                                | Air Line      Electric Measuring Line      Steel Tape                             |
| Static Water Level (A): _____ Feet Below Land 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   |   |

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

Form: OLWR-SWR-1B (04/08) **NOV 29 2011**

**BY: OLWR**



34 24 12 3 N 90 12 24 9 W

Sessize Rd

Ballentine Rd

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Imagery Date: 5/7/2007

34 24 09 69 N, 90 12 23 56 W, elev: 165 ft

EyeAlt: 8008 ft