

10-280

Quitman

County: Quitman
 Permit #: GW-44344
 Driller: Pete Spurgeon
 Date drilling completed: 7-2-10

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:
 Aquifer: C #491
 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>Stone Corner Farms Keith Jenkins</u>	Latitude: <u>34° 24' 32.3</u> Longitude: <u>90° 12' 37.5</u>
Mailing Address: <u>5165 Macedonia Rd. Batesville</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
City: <u>Miss</u> State: <u>39606</u> Zip Code: <u>39606</u>	USGS quad: <u>NW 1/4 NW 1/4 Sec 12 Twn 85 Rng 10 W</u>
Telephone No. <u>(662) 578-8300</u>	Distance: <u>2</u> Miles Direction: <u>NW</u> of Nearest Town: <u>Felton</u>

Well / Borehole Data

Date drilling started: 7-2 Date drilling completed: 7-2 Hole depth: 95' Hole diameter: 28"

Location of the source of any surface water used for drilling: ditch 1/2 mile west

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 Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____

Seismic Survey _____ Other (describe) _____

If drilling is not related to water well construction, ship 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: 18 feet above below (circle one) land surface Date measured: 7-3-10

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

Well depth: 95 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 55 feet Casing diameter: 16 inches Type of casing: PVC sch 40

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

Screen slot size: .032 inches Setting depth: From 55 feet to 95 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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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: ~~Forrest~~ Quitman
 Permit #: GW-44344
 Driller: Pete's Well Drilling
 Date completed: 7-2-10
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: C 91
 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>Stony Corner Farms</u>	Latitude: <u>34°24'31.9"</u> Longitude: <u>90°12'37.6</u>
Mailing Address: <u>5165 Macedonia Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Batesville, MS 38606</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ ¼ _____ ¼ Sec <u>12</u> T <u>8S</u> R <u>10W</u>
Telephone No. <u>(662) 578-8300</u>	Distance Direction Nearest Town
	<u>1.4</u> Miles <u>SE</u> of <u>SLEDGE</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>80</u>
Date Pump Installed: <u>7-3-10</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>3000</u> Gallons Per Minute	Number of Stages: <u>2</u>

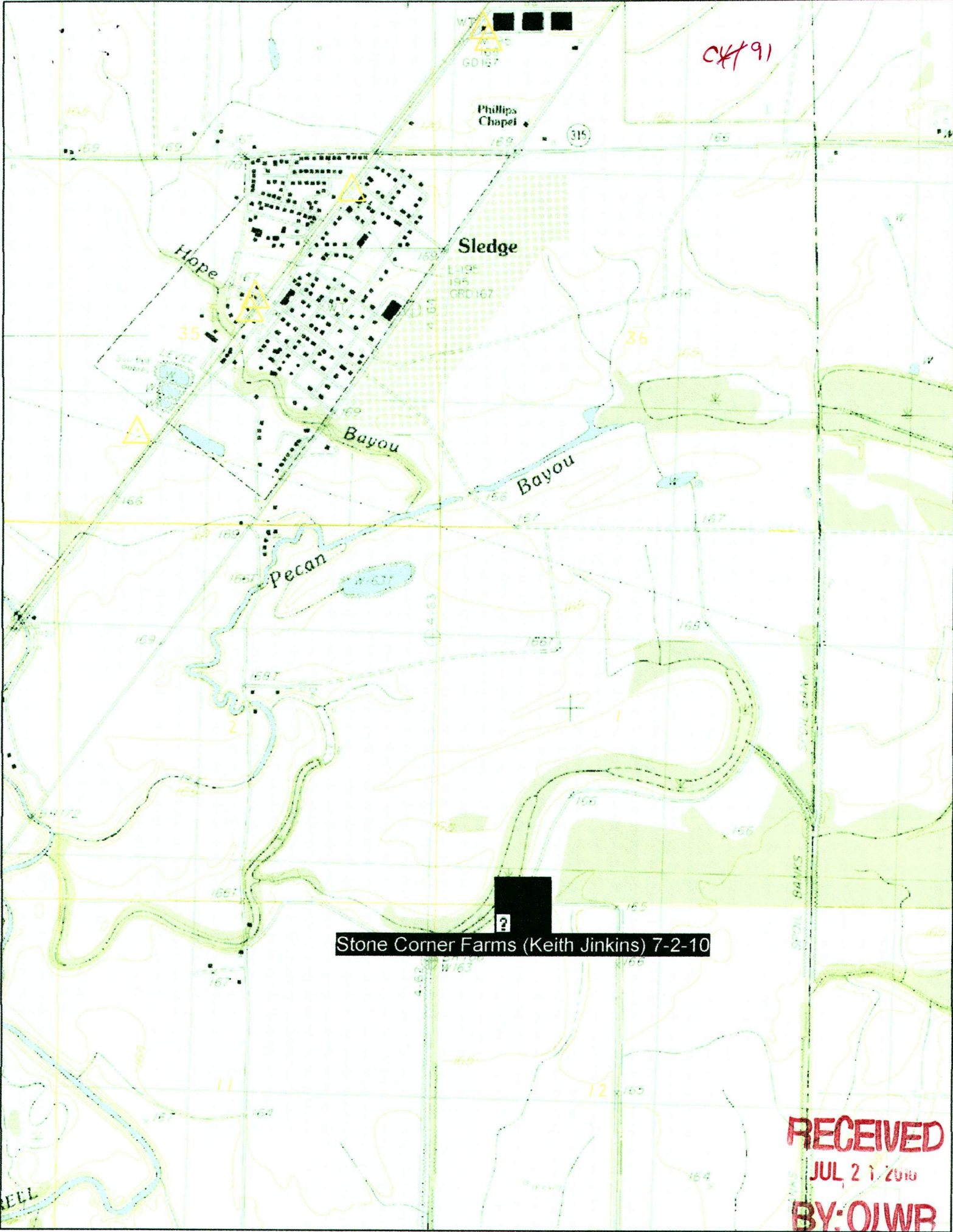
Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>18</u> Feet Below Land Surface	Other (specify): _____
Pumping 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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
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

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JOB-
10-28*



CKT91

WT
104
GD167

Phillips
Chapel

315

Sledge

EDGE
195
CRD167

Hope

35

LEVEL
W

Bayou

36

Bayou

Pecan

Stone Corner Farms (Keith Jinkins) 7-2-10

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