

2015 9094

County: Butler
 Permit #: 66W 43227
 Driller: Robt Sappington
 Date drilling completed: 5-13-09

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 #: E 75
 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.

Triple N Farms
 233 Westover Dr.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Triple N Farms</u>	Latitude: <u>34° 16' 37"</u> Longitude: <u>90° 20' 19"</u>
Mailing Address: <u>245 East Ave PO</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Chickadee</u>	USGS quad: <u>SE 1/4 SW 1/4 Sec 19 Twn 28 N Rng 1 W</u>
<u>MS 38 614</u>	Distance _____ Direction <u>East</u> of Nearest Town <u>BRLEN</u>
City _____ State _____ Zip Code _____	
Telephone No. <u>662 624-5863</u>	

Well / Borehole Data

Date drilling started: 5-13 Date drilling completed: 5-13-09 Hole depth: 100 Hole diameter: 16

Location of the source of any surface water used for drilling: Lake near well

Method of dosing and volume of Chlorine used in drilling and development: Sodium Hypo Chlorite Program

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: 21 feet above or below (circle one) land surface Date measured: 5-13-09

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: 0.32 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 tap 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.

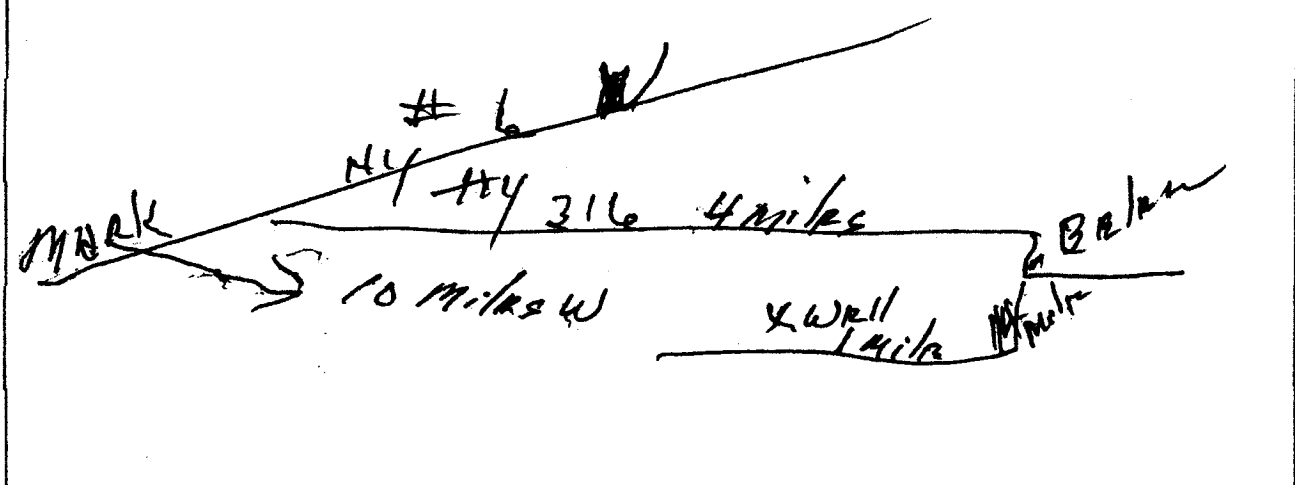
Ground Level \rightarrow 6243227



Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
<u>CLAY</u>	<u>0</u>	<u>25'</u>
<u>SHALE SAND</u>	<u>25'</u>	<u>50'</u>
<u>AGUEBER SAND BRAUN</u>	<u>50'</u>	<u>100'</u>

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: JOE NOE

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.

0430 4-17-09 Pete Sapp

Print Name of Responsible Licensee and License No. Date Signature of Licensee

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BY: OLWR

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 #: 10043227
 Driller: PETE SAMPSON
 Date completed: 5-13-09
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: ETS
 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>TRIPLE N FARMS</u>	Latitude: <u>34°16'26.3"</u> Longitude: <u>90°20'14"</u>
Mailing Address: <u>233 WESTOWER DR</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>CLARKSDALE MS 3864</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec. <u>30 T29N R1W</u>
Telephone No. <u>(662) 624-5863</u>	Distance Direction Nearest Town
	<u>3/4</u> Miles <u>E</u> of <u>BELEN</u>

Pump Type Circle one	Power Type 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>6-15-09</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2200</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 <u>Steel Tape</u>
Static Water Level (A): <u>21</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	_____ foot 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 
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

Jobs
9/9/4