

Invoiced



County: Quitman
 Permit #: MS-GW-45864
 Driller: Will Jerry
 Date drilling completed: ~~9-25-2012~~
6-15-12

State Well Report
 Part I - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 1063
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: F50
 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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Reed Farms</u> Mailing Address: <u>600 Bill Locke Rd</u> <u>Marks MS 38646</u> City State Zip Code Telephone No. () _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>34° 17' 30.4"</u> Longitude: <u>90° 12' 48.43"</u> Method of Lat/Long (circle one): Conventional Survey USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS <u>SW 1/4 NE 20</u> Sec <u>20</u> Twn <u>28N</u> Rng <u>01E</u> Distance Direction Nearest Town <u>9</u> Miles <u>E</u> of <u>Marks</u></p>
---	--

Well/Borehole Data

Date drilling started: ~~6-15~~ 6-15-12 Date drilling completed: ~~6-15-12~~ Hole depth: 125 Hole diameter: 14

Location of the source of any surface water used for drilling: Local Ditch
 Method of dosing and volume of Chlorine used in drilling and development: N/A

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) N/A
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 N/A Other (describe) _____

Static Water Level: 20 feet above or below (circle one) land surface Date measured: ~~6-15-12~~ 6-15-12
 Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 125 Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 85 feet Casing diameter: 10 inches Type of casing: PVC
 Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC
 Screen slot size: .050 inches Setting depth: From 85 feet to 125 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): N/A

Top of lap pipe or reduction in casing: N/A feet. *If telescoped or more than one screen, describe on next page*

Job # 12-231
Reed

RECEIVED
 Form: OLWR-SWR-116
 AUG 07 2012
 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 2309
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

County: Quitman
 Permit #: GW-45864
 Driller: YOUNGS CUSTOM SERVICE
 Date completed: _____
Copy information from block on Part 1

For Office Use Only:

Aquifer: F50
 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>REED FARMS</u>	Latitude: <u>34°17'3.87"</u> Longitude: <u>90°12'42.98"</u>
Mailing Address: <u>600 BELL LOCKE RD</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>MARKS</u> <u>MS</u> <u>38646</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 20 T 28N R 1E</u>
Telephone No. <u>(662) 326-8437</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>15</u>
Date Pump Installed: _____ <u>5-25-12</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>800</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level 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 _____
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

RECEIVED

Form: OLWR-SWR-1B (04/08)

JUN 22 2012

BY: OLWR

12-231