

State Well Report

Part 1 - Driller's Log

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)

For Office Use Only:

Aquifer: _____
Well #: G-130
L. S. Elevation: _____
E-log #: _____

County: DOTMAN
Permit #: OW40519
Driller: Houston
Date drilling completed: 7/14/05

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>RIVERDALE FARMS</u>	Latitude: <u>34° 12' 32"</u> Longitude: <u>90° 29' 39"</u>
Mailing Address: <u>7685 SABINO ROAD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: <u>MARKS</u> State: <u>MS</u> Zip Code: <u>38646</u>	<u>NE 1/4 SW 1/4</u> Sec <u>157</u> Twp <u>27N</u> Rng <u>2W</u>
Telephone No. <u>(662) 627-7792</u>	Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____
Well / Borehole Data	
Date drilling started: <u>7/14</u> Date drilling completed: <u>7/14</u> Hole depth: <u>110</u> Hole diameter: <u>22</u>	
Location of the source of any surface water used for drilling: <u>well</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>128 Per 1000</u>	
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>22</u> feet above or below (circle one) land surface Date measured: <u>7/15</u>	
Method of Measurement (circle one) <input checked="" type="checkbox"/> steel tape <input type="checkbox"/> electric tape <input type="checkbox"/> air line other: _____	
Well depth: <u>110</u> Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>70</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>1030</u> inches Setting depth: From _____ feet to _____ feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

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CIRCLE S IRRIGATION

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County: Quitman
 Permit #: _____
 Driller: _____
 Date completed: 7/22/05

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 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-5938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: G-130
 Elevation: _____

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

Well Owner Information	Well Location
Owner Name: <u>RIVERDALE FARMS</u>	Latitude: <u>34° 12' 32"</u> Longitude: <u>090° 23' 39"</u>
Mailing Address: <u>7685 SABINO ROAD</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>MARKS MS 38646</u> City State Zip Code	<u>1/4 Sec 15 Twn 27N Rng 2W</u>
Telephone No. <u>(662) 627-7792</u>	Distance Direction Nearest Town Miles of

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>70</u>
Date Pump Installed: <u>7/22/05</u>	Setting Depth: <u>850</u> feet
Rated Pump Capacity: <u>800</u> Gallons Per Minute	Number of Stages: <u>TWO</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>22</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 0-752 P
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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