

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 #: G148
L. S. Elevation: _____
E-log #: _____

County: Quitman
Permit #: 468511
Driller: Joel Jumper
Date drilling completed: 3-4-13

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>Buckskin Plantation</u> | Latitude: <u>34° 10' 21"</u> Longitude: <u>90° 21' 34"</u> |
| Mailing Address: <u>708 Walnut Street</u> | Method of Lat/Long (circle one): Conventional Survey, <input checked="" type="checkbox"/> Hand-held GPS, <input checked="" type="checkbox"/> Survey-grade GPS |
| City: <u>Marks</u> State: <u>Ms</u> Zip Code: <u>38646</u> | USGS quad: <u>NE 1/4 NW 1/4 Sec 36 Twn 27N Rng 02W</u> |
| Telephone No. () _____ | Distance: <u>2</u> Miles Direction: <u>West</u> of Nearest Town: <u>Lambert</u> |

Well / Borehole Data

Date drilling started: 3-4-13 Date drilling completed: 3-4-13 Hole depth: 120 Hole diameter: 21in

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

Method of dosing and volume of Chlorine used in drilling and development: _____

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) Replaces GWC7009

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: 18 feet above or below (circle one) land surface Date measured: 3-4-13

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

Well depth: 120 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .50 inches Setting depth: From 280 feet to 70 120 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-OWR-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)

For Office Use Only:

Aquifer: 6148
 Well #: _____
 Elevation: _____

County: Quitman
 Permit #: GW-46851
 Driller: JOEL JUMPER
 Date completed: 3-4-13
Copy information from block on Part 1

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>REVERDALE FARMS</u> | Latitude: <u>34° 10. 21"</u> Longitude: <u>90° 21. 34"</u> |
| Mailing Address: <u>143 BIRD COVE</u> | Method of Lat/Long (check one): Conventional Survey _____ |
| <u>CLARKSBURG MS 38614</u> | USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ |
| City State Zip Code | <u>NW</u> ¼ <u>NW</u> ¼ Sec <u>36</u> T <u>27N</u> R <u>2W</u> |
| Telephone No. <u>(662) 627-7792</u> | Distance Direction Nearest Town |
| | <u>2</u> Miles <u>W</u> of <u>LAMBERT</u> |

| Pump Type | Power Type |
|---|---|
| Circle one Air Lift Jet Submersible <u>Diesel Engine</u> | Circle one 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>60</u> |
| Date Pump Installed: <u>3-14-13</u> | Setting Depth: <u>70</u> feet |
| Rated Pump Capacity: <u>1600</u> Gallons Per Minute | Number of Stages: <u>2</u> |

| Pump Test Data | Method of Measuring Water Level |
|---|---|
| Date Well Tested: _____ | Circle one Air Line Electric Measuring Line <u>Steel Tape</u> |
| 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 _____ feet after _____ hours of pumping |
| Test Pumping Rate: _____ Gallons Per Minute | |
| Duration of Pump Test (minimum 4 hours): _____ hours | |

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This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

DAVID P. HOLT C-752P [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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