

# 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 39225-2309  
 (601)961-5210  
 (601)360-0535 (fax)

### For Office Use Only:

Well #: G-156  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

County: Quitman  
 Permit #: MS-GW-49684  
 Driller: Tommy Peacock Sr  
 Date drilling completed: 2-11-17

*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><b>Well Owner Information</b>          (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Farmland Reserve Inc</u>          Mailing Address: <u>79 South Main St</u>  <u>STE 1000</u>  <u>Salt Lake City UT 84111</u>          City State Zip Code          Telephone No. ( ) _____</p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>N 34° 12' 14"</u> Longitude: <u>W 90° 22' 56"</u>          Method of Lat/Long (check one): Conventional Survey _____          USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____  <u>SW 1/4 SW 1/4, Sec 14 T 27N R 02W</u>  <u>4</u> Miles <u>NE</u> of <u>Clarksdale</u>          (Distance) (Direction) (Nearest Town)</p>
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**Well / Borehole Data**

Date drilling started: 2-11-17 Date drilling completed: 2-11-17 Hole depth: 115' Hole diameter: 24"  
 Location of the source of any surface water used for drilling: nearby ditch  
 Method of dosing and volume of Chlorine used in drilling and development: When filling tank  
 Logs run (circle all applicable):  No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_  
 Name of organization running log(s): \_\_\_\_\_  
 Purpose of borehole (circle 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*

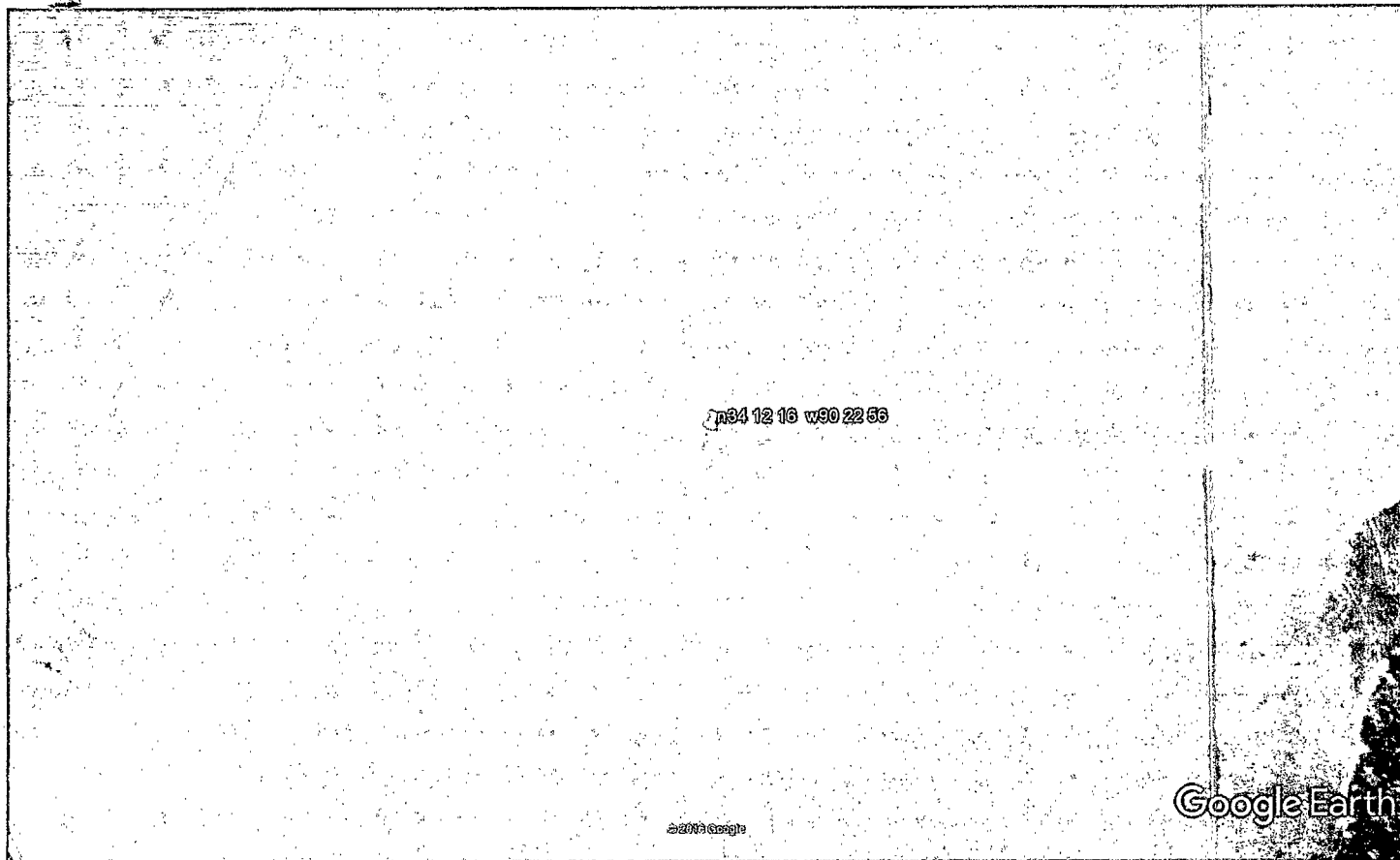
Purpose of Well (circle all applicable): Home Industrial Public Supply  Irrigation Fish Culture  
 Other (describe): \_\_\_\_\_  
 If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 27' feet [above or  below] land surface Date measured: 2-11-17  
 (circle one)  
 Method of measurement (circle one):  Steel tape  Electric tape  Air line  Other (describe): \_\_\_\_\_  
 Well depth: \_\_\_\_\_ Well grouted to a depth of: \_\_\_\_\_ feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 715 feet Casing diameter: 14 inches Type of casing: PVC  
 Screen length: 40 feet Screen diameter: 14 inches Type of screen: PVC  
 Screen slot size: 1.050 inches Setting depth: From 75 feet to 115 feet  
 Type of completion (circle all applicable):  Gravel packed  Underreamed  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-(4-13)

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# STATE WELL REPORT

## Part 2

County: QUETMAN  
 Permit #: MS-GW-49684  
 Driller: TOMMY PEACOCK SR  
 Date completed: 2-10-17  
*Copy information from block on Part 1*

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

**For Office Use Only:**

Well #: G  
 Aquifer: \_\_\_\_\_

*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>FARMLAND RESERVE INC</u>	Latitude: <u>34°12'16"</u> Longitude: <u>90°22'56"</u>
Mailing Address: <u>79 SOUTH MAEN ST</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>STE 1000</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>SALT LAKE CITY, UT 84111</u>	<del>SW</del> <u>SW</u> 1/4, Sec. <u>514</u> T <u>27N</u> R <u>02W</u>
City State Zip Code	<u>9.7</u> Miles <u>E</u> of <u>CLARKSDALE</u>
Telephone No. (____) _____	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

Submersible  Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_

Date Pump Installed: 3-7-17 Rated Pump Capacity: 2200 Gallons Per Minute

Is This Pump (circle one):  New Repaired Replacement

**Power Type (circle one)**

Electric  Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): \_\_\_\_\_

Horse Power Rating of Motor: 60 Setting Depth: 70 feet Number of Stages: 2

**Pump Test Data for Non Flowing Well**

Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): \_\_\_\_\_ Feet Below Land Surface Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface

Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface Test Pumping Rate: \_\_\_\_\_ Gallons Per Minute

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**

Measured shut in head: \_\_\_\_\_ feet.

Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**

Meter Manufacturer: Mc Crometer Meter Serial Number: ~~16~~ 13076

Meter Model Number/Name: M0308 Type of Meter: GROUNDWATER

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_

Installation Date: 3-7-17 Meter installed by: CIRCLE S IRRIGATION

Is This Meter (circle one):  New Repaired Replacement

*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

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

DAVID P. HOLT 0-752P 3-10-17 [Signature]

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

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