

County: Quitman
 Permit #: GW-465601
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 8-17-12

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: H 152
 Well #: _____
 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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Greg Sartin</u>	Latitude: <u>34° 11' 32"</u> Longitude: <u>90° 18' 55"</u>
Mailing Address: <u>296 Westover Drive</u>	Method of Lat/Long (circle one): Conventional Survey, _____ USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <input checked="" type="checkbox"/>
<u>Clarksdale Ms. 38614</u>	<u>SE 1/4 SE 1/4 Sec 20 Twn 27N Rng 1W</u>
City State Zip Code	Distance Direction Nearest Town <u>1 Miles SW of Lambert</u>
Telephone No. () _____	

Well / Borehole Data

Date drilling started: 8-17-12 Date drilling completed: 8-17-12 Hole depth: 104 Hole diameter: 24"

Location of the source of any surface water used for drilling: Surface Water
 Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

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: _____ feet above or below (circle one) land surface Date measured: _____

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

Well depth: 104 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 71^{6'} feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 33 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 62 feet to 94 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): Circle S Irrigation will set pump

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

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

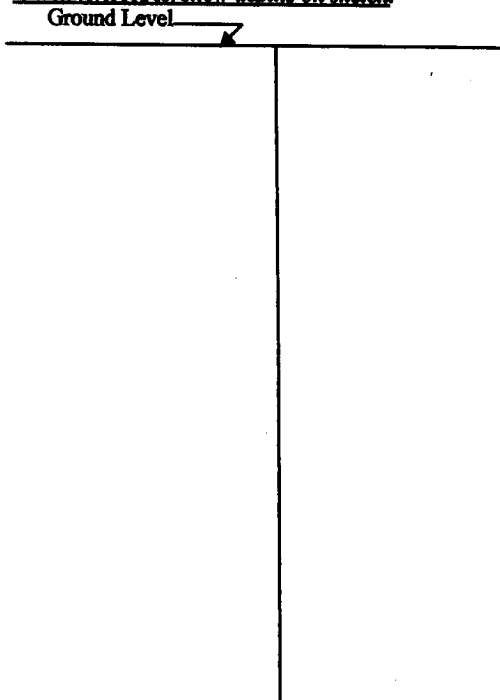
RECORDED
 AUG 21 2012
 BY CLERK

H152

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.



Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	32
Fine Sand	33	48
Fine Sand + Gravel	47	59
Medium Sand + Gravel	60	94
Fine Sand	95	104
Blanked 10' on bottom		


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: Greg Sartin

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.

Patrick M. Chism 0695 _____ 

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

RECORDED
AUG 1 2008
204 (01)1019

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-46560
Driller: IRRIGATION EQUIPMENT
Date drilling completed: 8-17-12
Copy information from block on Part 1

For Office Use Only:
Aquifer: H152
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: Owner Name: TANDG FARMS / GREEN SADDON, Mailing Address: 296 Westover Dr., CLARESVILLE, MS 38664, Telephone No. (662) 627-4000
Well Location: Latitude: 34° 11.32", Longitude: 90° 18.54", Method of Lat/Long: Conventional Survey, SE 1/4 SE 1/4 Sec 20 T 21N R 1W, Distance: 1 1/2 Miles South West of LAMBERT

Pump Type: Turbine, Power Type: Diesel Engine, Horse Power Rating of Motor: 40, Setting Depth: 70 feet, Number of Stages: 2

Pump Test Data: Date Well Tested: Static Water Level (A): Pumping Water Level (B): Drawdown [(B) - (A)]: Test Pumping Rate: Duration of Pump Test (minimum 4 hours):
Method of Measuring Water Level: Air Line, Electric Measuring Line, Steel Tape

This is for (check 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 0-752P
Print Name of Pump Installer and License No. (if applicable)
Signature of Pump Installer

RECEIVED
Form: OLWR-SWR-1C (07-09)
SEP 6 2012
BY: OLWR 12946