

Quintman GW43187

County: Tallahatchee
 Permit #: 0368
 Driller: Joel Jumper
 Date drilling completed: 2/24/09

State Well Report
 Part I - 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 #: K98
 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 <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Dixie Farms</u> Mailing Address: <u>PO Box 37</u> <u>Vance MS 38964</u> City State Zip Code Telephone No. <u>(662) 902-6564</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>34° 04' 45"</u> Longitude: <u>90° 02' 33"</u> Method of Lat/Long (circle one): Conventional Survey, USGS qund, <u>Hand-held GPS</u>, Survey-grade GPS NE 1/4 SW 1/4 Sec <u>35</u> Twp <u>26N</u> Rng <u>2W</u> Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____</p>
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Well / Borehole Data

Date drilling started: 2-24-09 Date drilling completed: 2-24-09 Hole depth: 115 Hole diameter: 26"
 Location of the source of any surface water used for drilling: Ditch
 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) _____
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: 25 feet above or (below) (circle one) land surface Date measured: 2-25-09
 Method of Measurement (circle one) Steel tape electric tape air line other: _____
 Well depth: 115 Well grouted to a depth of _____ feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 75 feet Casing diameter: 16 inches Type of casing: PVC
 Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC
 Screen slot size: 050 inches Setting depth: From 75 feet to 115 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*

6043187

STATE WELL REPORT

Part 2

County: Quitman
 Permit #: 0368
 Driller: Joel Jumper
 Date completed: 4-18-09
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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: K98
 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>Dixie Farms</u>	Latitude: <u>34-04-48⁰⁴</u> Longitude: <u>90-02-33⁰⁴</u>
Mailing Address: <u>P.O. Box 37</u>	Method of Lat/Long (check one): Conventional Survey _____, ' ,
<u>Vance MS 38964</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 35 T 26N R 2W</u>
Telephone No. (<u>662</u>) <u>902-6564</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<input checked="" type="radio"/> Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input checked="" type="radio"/> Turbine	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>4-18-09</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2000</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-18-09</u>	Air Line Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>25</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>40</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>15</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>2000</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Joel Jumper 0368
 Print Name of Pump Installer and License No. (if applicable) _____
 Signature of Pump Installer _____

RECEIVED

Form: OLWR-SWR-1B

JUL 25 2011

BY: OLWR