

Job. # 9070

County: Quitman
 Permit #: QW43103
 Driller: Pete Sappington
 Date drilling completed: 3/22/09

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 #: L-69
 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>County Line Farms</u>	Latitude: <u>34° 05' 57" N</u> Longitude: <u>90° 20' 28" W</u>
Mailing Address: <u>155 Byrd Cove</u> <u>Clarksdale</u> <u>MS 38614</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, <u>hand-held GPS</u> , Survey-grade GPS <u>NE 1/4 NW 1/4 Sec 30 Twn 26N Rng 1W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>2</u> Miles Direction: <u>NW</u> of Nearest Town: <u>Vance</u>
Telephone No. <u>(662) 624-3648</u>	

Well / Borehole Data

Date drilling started: 3/22/09 Date drilling completed: 3/22/09 Hole depth: 100 Hole diameter: 24"

Location of the source of any surface water used for drilling: Ditch South of Well Site
 Method of dosing and volume of Chlorine used in drilling and development: Sodium Hypo Chlorite @ 10ppm

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: 19 feet above or below (circle one) land surface Date measured: 3/22/09

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

Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 12 inches Type of casing: PVC

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

Screen slot size: .032 inches Setting depth: From 60 feet to 100 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-SWR-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 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: Quitman
Permit #: QW43103
Driller: Pete's Well Drilling
Date completed: 3-22-09
Copy information from block on Part 1

For Office Use Only:
Aquifer:
Well #: L-69
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: County Line Farms, Mailing Address: 155 BYRD COVE, CLARKSBALL MS 38644, Telephone No. (602) 624-3648
Well Location: Latitude: 34° 05' 55.6", Longitude: 90° 20' 27.05", Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, Distance: 2 Miles, Direction: N/E of, Nearest Town: VANCE

Pump Type: Air Lift, Jet, Submersible, Bucket, Piston, Turbine, Centrifugal, Rotary, Flowing Well, Other (specify):
Date Pump Installed: 4-23-09, Rated Pump Capacity: 1100 Gallons Per Minute
Power Type: Diesel Engine, Gasoline Engine, Natural Gas, Electric Motor, Hand, Tractor PTO, Windmill, Other (specify):
Horse Power Rating of Motor: 60, Setting Depth: 60 feet, Number of Stages: 2

Pump Test Data: Date Well Tested:
Static Water Level (A): 19 Feet Below Land Surface
Pumping Water Level (B):
Drawdown [(B) - (A)]:
Test Pumping Rate:
Duration of Pump Test (minimum 4 hours):
Method of Measuring Water Level: Circle one
Air Line, Electric Measuring Line, Steel Tape
Other (specify):
For flowing well, measured shut in head:
Well yielded GPM with a drawdown of
feet after hours of pumping

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

9070