

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)

County: Quitman
Permit #: GW-43370
Driller: Pete Saffington
Date drilling completed: _____

For Office Use Only:

Aquifer: _____
Well #: M-60
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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Delta Farmlands, LLC</u>	Latitude: <u>34° 06' 32.27"</u> Longitude: <u>90° 13' 24.99"</u>
Mailing Address: <u>3350 HWY 309 N</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City: <u>Byhalie</u> State: <u>MS</u> Zip Code: <u>38611</u>	<input type="checkbox"/> 1/4 <input type="checkbox"/> 1/4 Sec <input type="checkbox"/> Twn <u>26N</u> Rng <u>1E</u>
Telephone No. <u>662 893-4605</u>	Distance: <u>7 1/2</u> Miles Direction: <u>NE</u> of Nearest Town: <u>JANICE</u>

Well / Borehole Data

Date drilling started: _____ Date drilling completed: _____ Hole depth: _____ Hole diameter: _____

Location of the source of any surface water used for drilling: _____
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: _____ feet above or below (circle one) land surface Date measured: _____

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

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

Casing length: 60 feet Casing diameter: 16 inches Type of casing: PVC SCH 40

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC SCH 40

Screen slot size: .032 inches Setting depth: From _____ feet to _____ 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)

MR. Pete Saffington passed away before completing well log information.

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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)

County: Quitman
 Permit #: GW-43370
 Driller: Pete Sappington
 Date completed: _____
Copy information from block on Part 1

For Office Use Only:

Aquifer: M 60
 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	Well Location
Owner Name: <u>Delta Farms, LLC</u>	Latitude: <u>34° 06' 32.27"</u> Longitude: <u>90° 13' 27.49"</u>
Mailing Address: <u>3350 Hwy 309N</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Byhalia, MS 38611</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 19 T22N R1E</u>
Telephone No. <u>(662) 893-4605</u>	Distance Direction Nearest Town
	<u>7 1/2</u> Miles <u>NE</u> of <u>VANCE</u>

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>80</u>
Date Pump Installed: <u>10-11-2010</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2200</u> Gallons Per Minute	Number of Stages: <u>2</u>

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

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

DAVID P. HOLT 0-752P [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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

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