

State Well Report

Part I - 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 #: B136
 L. S. Elevation: _____
 E-log #: _____

County Shackelford
 Permit # GW 45807
 Driller Clarence McMurry
 Date drilling completed: 3-12-13

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>S. R. Farns</u>	Latitude: <u>33° 03' 58.71"</u> Longitude: <u>90° 43' 58.59"</u>
Mailing Address: <u>P.O. Box 87</u>	Method of Lat/Long (circle one): <u>58</u> Conventional Survey, <u>90</u> <u>59</u>
<u>Anguille</u> <u>MS</u> <u>38721</u>	USGS quad. <u>Hand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>NW 1/4 NE 1/4</u> Sec <u>17</u> Twn <u>14N</u> Rng <u>05W</u>
Telephone No. <u>(601) 907-1389</u>	Distance <u>4</u> Miles Direction <u>E</u> of <u>Delta City</u>
	<u>#1724</u> Well # <u>2</u>

Well / Borehole Data

Date drilling started: 3-12-13 Date drilling completed: 3-12-13 Hole depth: 125' Hole diameter: 26"

Location of the source of any surface water used for drilling: Hauled water to ditch 3/4 miles

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) N/A

Static Water Level: 26 feet above or below (circle one) land surface Date measured: 3-13-13

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

Well depth: 125' Well grouted to a depth of 10 feet Type of grout (circle one): Non Cement Bentonite Mix

Casing length: 75' feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .250 inches Setting depth: From 75 feet to 125 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: N/A feet *If telescoped or more than one screen, describe on next page*

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

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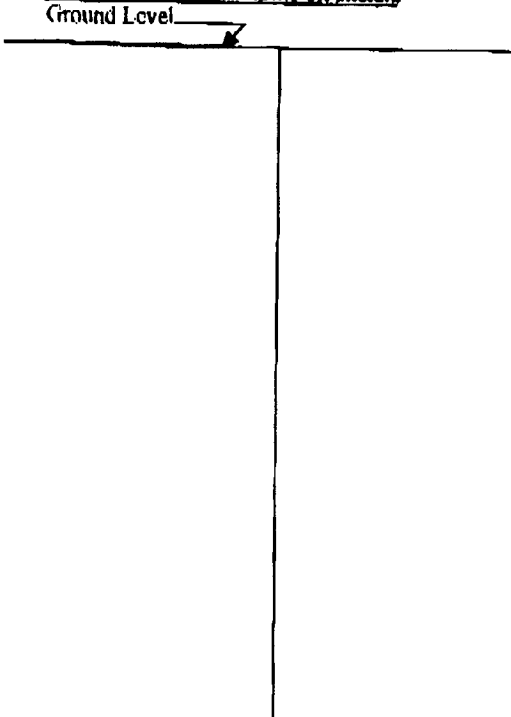
MAR 18 2013

BY: OLWR

B136

The sketch below only required for water wells

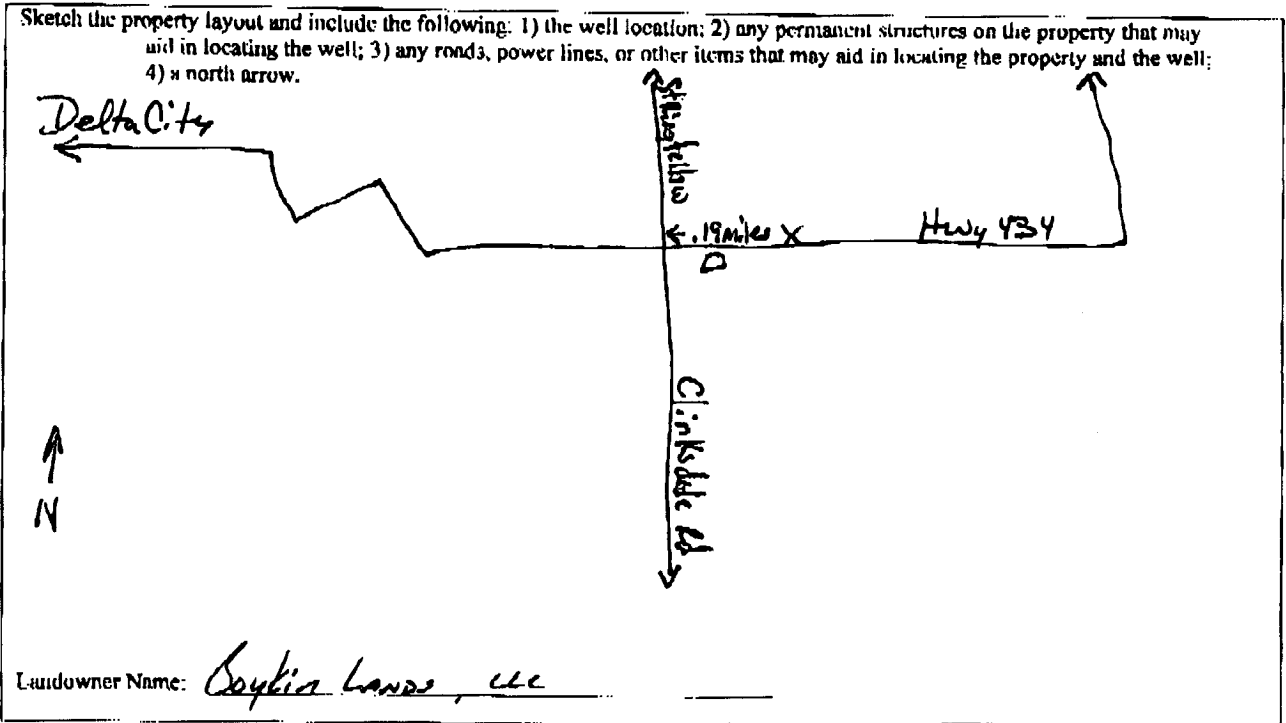
If well telescopes, show depths on sketch.



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	30
Fine Sand	30	50
Medium Sand	50	88
Coarse Gravel & Gravel	88	115
Gravel	115	125

If more than one screen, show location of each on sketch



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.

Clayton Miller 0-2013
Print Name of Responsible Licensee and License No.

Date

Clayton Miller
Signature of Licensee

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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)

For Office Use Only:

Aquifer: _____
 Well #: B136
 Elevation: _____

County: Shank
 Permit # GW-45807
 Driller: John Rybolt IV
 Date completed 3-13-13
Copy information from block on Part 1

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>S. R. Farms</u>	Latitude: <u>N33° 03' 58.78"</u> Longitude: <u>W90° 43' 57.15"</u>
Mailing Address: <u>P.O. Box 87</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Anguilla</u> MS <u>38721</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 NE 1/4 Sec 17 T 14N R 05W</u>
Telephone No. <u>(662) 907-1359</u>	Distance _____ Miles Direction <u>E</u> of Nearest Town <u>Delta City</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Purline</u>	Electric Motor Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>50</u>
Date Pump Installed: <u>3-13-13</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>007 T6516-D</u>	Circle one
Static Water Level (A): <u>26</u> Feet Below Land Surface	Air Line <input type="checkbox"/> Electric Measuring Line Steel Tape <input type="checkbox"/>
Pumping Water Level (B): <u>24</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>2</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>24</u> feet
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

This is for (circle 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.
Clayton Miller 0-703
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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Form: OLWR-SWR-1C (07-09)

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