

County Shackelford
 Permit # GW-45670 ✓
 Driller: Clarence McMurray
 Date drilling completed: 3-13-13

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 39226
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: B137
 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>SIR Farms</u>	Latitude: <u>33° 04' 09"</u> Longitude: <u>90° 44' 19.5"</u>
Mailing Address: <u>P.O. Box 87</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> ⁰¹ ₁₉
<u>Anguilla MS 38721</u> City State Zip Code	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS ✓
Telephone No. <u>(662) 907-1389</u>	SE 1/4 SW 1/4 Sec: <u>08</u> ✓ Twn: <u>14N</u> Rng: <u>05W</u>
	Distance Direction Nearest Town <u>9</u> Miles <u>SE</u> of <u>Hollandale</u>
	<u>#1724 #1</u>

Well / Borehole Data

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

Location of the source of any surface water used for drilling: Hauled water

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: 3-14-13

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): Neat 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: .050 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 (12/08)

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BY: OLWR

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 #: B137
 Elevation: _____

County: Shackelford

Permit #: GW-45670

Driller: John Rybolt IV

Date completed: 3-14-13

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

Owner Name: S.R. Farms

Mailing Address: P.O. Box 87

Anguilla MS 38721
 City State Zip Code

Telephone No. () _____

Well Location

Latitude: N33° 04' 0.97" Longitude: W90° 44' 19.54"

Method of Lat/Long (check one): Conventional Survey _____

USGS quad _____ Hand-held GPS Survey-grade GPS _____

SE 1/4 SW 1/4 Sec 08 T 14N R 05W

Distance _____ Direction SE Nearest Town Holladay

Pump Type

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 3-14-13

Rated Pump Capacity: _____ Gallons Per Minute

Power Type

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____

Horse Power Rating of Motor: 50

Setting Depth: 80 feet

Number of Stages: 1

Pump Test Data

Date Well Tested: 007 TESTED

Static Water Level (A): 25 Feet Below Land Surface

Pumping Water Level (B): N/A Feet Below Land Surface

Drawdown [(B) - (A)]: N/A Feet Below Land Surface

Test Pumping Rate: N/A Gallons Per Minute

Duration of Pump Test (minimum 4 hours): N/A hours

Method of Measuring Water Level

Air Line Electric Measuring Line Steel Tape

Other (specify): _____

For flowing well, measured shut in head: N/A feet

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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)

Clayton Miller
 Signature of Pump Installer

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Form OLWR-SWR-1C (01/09) MAR 18 2013

BY: OLWR