

County: Waltham Sharkey
 Permit #: GW-4300-47109
 Owner: Irrigation Equipment
 Date drilling completed: 05/18/2013

STATE WELL REPORT

Part 1

Driller's Log

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2008
 Jackson, MS 39225-2008
 (601) 891-5210
 (601) 380-0835 (fax)

For Office Use Only:
 Well #: B156
 Aquifer: _____
 E-Log #: _____

State Law requires that this report be prepared by the licensee 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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Aycock Farms Partnership</u>	Latitude: <u>33 03 08.4 N</u> Longitude: <u>90 37 43.4 W</u>
Mailing Address: <u>142 Harbor View Drive</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey <input checked="" type="checkbox"/> USGS quad <input checked="" type="checkbox"/> Hand-held GPS <input type="checkbox"/> Survey-grade GPS
Madison Ms 39110 City State Zip code	RECEIVED NE 1/4 NE 1/4 Sec 38 T 14 N R 14 W NW 24 14 N 5 W 6 Miles Northwest of Jackson, Mississippi (City) (County) (Nearest Town)
Telephone No. () -	

Well / Borehole Data

Date drilling started: 05/18/2013 Date drilling completed: 05/18/2013 Hole depth: 125 Hole diameter: 24"

Location of the source of any surface water used for drilling: Surface Water

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

Logs run (check 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 all applicable): Home Industrial Public Supply Irrigation Fish Culture
 Other (describe): Pivot

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level 22 feet (above or below) land surface Date measured: 05/20/2013
 (check one)

Method of Measurement (check one) Steel tape Electric tape Air line Other: (describe) _____

Well depth: 125 Well grouted to a depth of: 10 feet Type of grout (check one): Neat Cement Bentonite Mix

Casing length: 85 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .630 inches Setting depth: From 95 feet to 125 feet

Type of completion (check all applicable): Gravel packed Unscreened 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

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PL

County: Humphreys Sharkey
 Permit #: GW-4736 GW 47109
 Order: Irrigation Equipment
 Date drilling completed: 08/16/2013
 Copy information from block as Part I

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2909
 Jackson, MS 39225-2309
 (601) 981-6210
 (601) 380-0535 (fax)

For Office Use Only:
 Well #: B156
 Aquifer: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I 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>Aycock Farms Partnership</u>			Latitude: <u>33 05' 00.4 N</u> Longitude: <u>90 30' 43.4 W</u>		
Mailing Address: <u>142 Harbor View Drive</u>			Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,		
			<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS		
<u>Madison</u>	<u>Ms</u>	<u>39110</u>	<u>NE 1/4 NE 1/4, Sec 10 T 14 N R 4 W</u>		
City	State	Zip code			
Telephone No	() -		<u>6</u> Miles	<u>Northeast</u> of	<u>Louis</u>
			(Distance)	(Direction)	(Nearest Town)

Pump Type (check one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 08/20/2013 Rated Pump Capacity: _____ Gallons Per Minute

Is This Pump (check one): New Repaired Replacement

Power Type (check one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 40 Siting Depth: 70 feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ Hours

Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown (B) - (A): _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute

Method of measurement (check one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured static head: _____ Feet

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

Meter Installation

Meter Manufacturer: None installed Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: _____

Is This Meter (check one): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

Patrick Chism 0805 08/21/2013
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-SWR-18 (4/13)

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 BY: OLWR