

MARTIN # 2 JKM

State Well Report

Part 1

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)

For Office Use Only:

Aquifer: C 202
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Sharkey
Permit #: GW-44813
Driller: J. NEWCOME 0.773
Date drilling completed: 4-25-2011

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>JKM Farms</u>	Latitude: <u>32.59.15</u> Longitude: <u>90.47.02</u>
Mailing Address: <u>P.O. Box 307</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Anguilla MS 38721</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SW 1/4 NE 1/4 Sec 11</u> Twn <u>13N</u> Rng <u>6W</u>
Telephone No. () _____	Distance: <u>2.5</u> Miles Direction: <u>East</u> of Nearest Town: <u>ANGUILLA</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 4-25-2011 Date well drilling completed: 4-25-2011

If flowing, 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: _____

Hole depth: 112 Well depth: 110 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: P.V.C.

Screen length: 40 feet Screen diameter: 16 inches Type of screen: P.V.C.

Screen slot size: .050 inches Setting depth: From 70 feet to 110 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi

Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

John Newcome 0.773
Print Name of Water Well Contractor and License No.

John Newcome
Signature of Water Well Contractor

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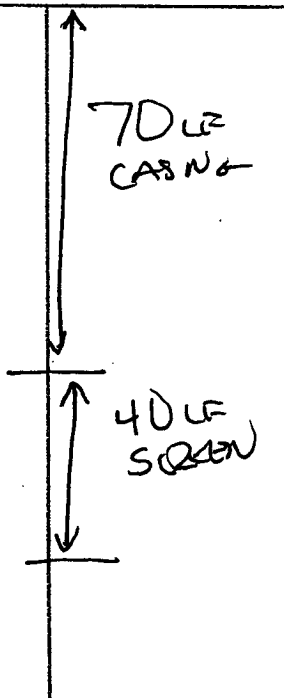
APR 28 2011

BY: OLWIR

C202

If well telescopes please sketch below and show depths.

Ground Level




Description of Formations Encountered	From	To
TOP SOILS	0	10
CLAY	10	30
CLAY SAND STRIPS	30	50
FAIR/MED SAND	50	70
COARSE SAND / GRAVEL	70	110
BOTTOM	110	112

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.

SEE MAP

Landowner Name: _____



Signature of Water Well Contractor

STATE OF MISSISSIPPI**Department of Environmental Quality
Office of Land and Water Resources****P. O. Box 2309****Jackson, Mississippi 39225**

C202

PERMIT**TO DIVERT OR WITHDRAW FOR BENEFICIAL USE THE PUBLIC WATERS**

This permit is issued to the landowner named below in accordance with the provisions of the Mississippi Water Laws, Mississippi Code Sections 51-3-1, et seq. (1972, as amended), and the regulations and standards as promulgated thereunder. Whether or not specifically named in this permit or in the applications for this permit, anyone using water from the diversion/withdrawal point described below shall do so in compliance with the provisions of this permit. Neither this permit, nor any authority conferred hereby, may be sold, conveyed, encumbered, assigned, or otherwise aliened, for any period of time or under any conditions whatsoever. This permit may not be modified, transferred or revoked without prior action by the Permit Board. Any attempts to modify, transfer or revoke this permit, or to take any other action on this permit, shall be invalid and unenforceable and may result in immediate revocation or suspension of this permit. The holder of this permit shall at all times be responsible for adherence to the terms and conditions of this permit. No agreement between the permit holder and any other party shall affect the obligations and liabilities of the permit holder. Water use under this permit is allowed only when the streamflow, lake level elevation, or static groundwater level (whichever, if any, is applicable) is above the established minimum, pursuant to Mississippi Code Section 51-3-7. Authorization is hereby granted to divert/withdraw water for the beneficial use designated herein, and for no other purpose, subject to the following terms, conditions, and limitations:

Permit Number: MS-GW-44813**Landowner Name:** JKM FARMS**Landowner Address:** PO BOX 307

ANGUILLA

MS 38721

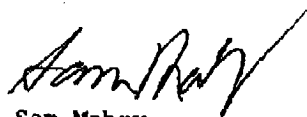
Source Of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER**Beneficial Use:** IRRIGATION**Diversion/Withdrawal Location:** SE 1/4 of the NW 1/4**Section:** 11 **Township:** 13N **Range:** 06W**County:** SHARKEY**Quad:** ROLLING FORK EAST**Maximum Volume:** 180 Acre-Foot/Year *equivalent to* .1607 Million Gallons/Day**Maximum Rate:** 3000 Gallons/Minute**Applicant Name:** JKM FARMS**Applicant Address:** PO BOX 307

ANGUILLA

MS 38721

Date Permit Issued: 03/09/2011**Date Permit Expires:** 03/09/2021**Date Permit Modified:****Date Permit Re-issued:**

This permit shall be deemed null and void if construction has not begun within one (1) year of permit issue date

SPECIAL TERMS AND CONDITIONS: NONE

 Sam Mabry
 Office Director

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JUL 19 2011

BY OLIVE

Internet Mapping Framework



- Legend**
- County Boundaries
 - Public Land Survey System
 - MS One Call Natchez Trace Parkway
 - MS One Call Interstate Highway
 - MS One Call US / State Highway
 - MS One Call 3 digit State Highway
 - MS One Call County Roads and Streets
 - Incorporated Cities
 - Other Urban (non-incorporated)
 - NHD Other Areas (dbi streams and inun)
 - adams07_m.sid
 - alcorn07_m.sid
 - amite07_m.sid
 - attala07_m.sid
 - benton07
 - bolivar07_m.sid
 - calhoun07_m.sid
 - carroll07_m.sid
 - chickasaw07_m.sid
 - choctaw07_m.sid
 - claborn07_m.sid
 - clarke07_m.sid
 - clay07_m.sid

Scale: 1:31,617



This map is a user generated static output from an internet mapping site and is for general reference only. Data layers that appear on this map may or may not be accurate, current, or otherwise reliable. THIS MAP IS NOT TO BE USED FOR NAVIGATION.

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AUG 11 2011

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)

County: Gharkey
 Permit #: GW-44813
 Driller: J. Newcome O. TTB
 Date completed: 4.25.2011
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: C 202
 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>JKM Farms</u>	Latitude: <u>32° 59.15"</u> Longitude: <u>90° 47.02"</u>
Mailing Address: <u>P.O. Box 307</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ _____ 1/4 _____ 1/4 Sec _____ T _____ R _____
<u>Anguilla MS 38721</u> City State Zip Code	Distance _____ Direction _____ Nearest Town _____ <u>2.5 Miles E of Anguilla</u>
Telephone No. () _____	

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
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>60</u>
Date Pump Installed: <u>4/28/11</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2800</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level
Circle one	Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> 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 _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ 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.

Cam Rowe O-711P CRowe **RECEIVED**
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-AUG-10-8-2011

BY: OLWR