

MARTIN

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: Sharkey
 Permit #: GW-45920
 Driller: J. NEWCOMB 0773
 Date drilling completed: 5.28.13

For Office Use Only:
 Aquifer: FST
 Well #: _____
 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>Sandy Bayou Farms</u>	Latitude: <u>32° 53.12"</u> Longitude: <u>90° 50.12"</u>
Mailing Address: _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Rolling Fork MS 30</u> City State Zip Code	<u>1R 1/4 1R 1/4 Sec 17 Twn 12N Rng 6W</u>
Telephone No. (____) _____	Distance Direction Nearest Town <u>3.5 Miles EAST of ROLLING FORK</u>

Well / Borehole Data

Date drilling started: 5.28.13 Date drilling completed: 5.28.13 Hole depth: 122 Hole diameter: 24"

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

Method of dosing and volume of Chlorine used in drilling and development: CHLORINE TABLETS

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

Casing length: 80 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 80 feet to 120 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

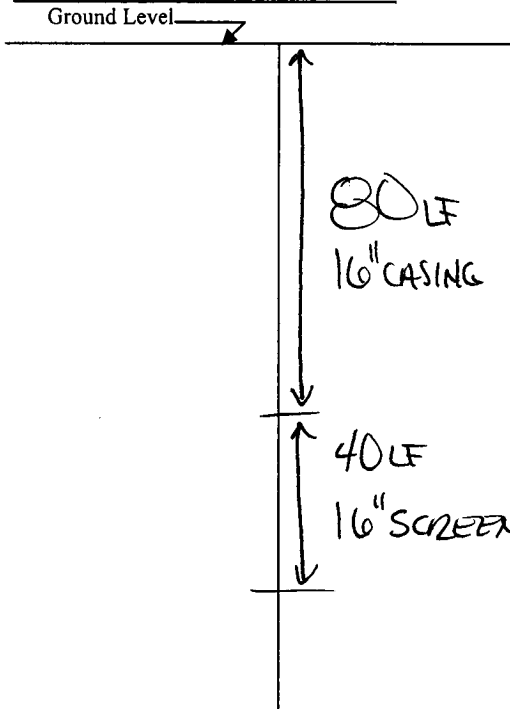
Top of lap pipe or reduction in casing: _____ feet. ***If telescoped or more than one screen, describe on next page***

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

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 BY: OLWR

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)
TOP SOIL	Ground Level	10
CLAY	10	40
FINE SAND	40	62
MEDIUM SAND	62	80
MEDIUM/COARSE SAND / PEbbLES	80	120
BOTTOM	120	122

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) a north arrow.

SEE MAP

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BY: OLWR

Landowner Name: _____

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.

JOHN NEWCOME 0.773 5.28.13 *John Newcome*

Print Name of Responsible Licensee and License No. Date Signature of Licensee

County: Sharkey
 Permit #: GW-45920
 Driller: J. Newcome 0773
 Date completed: 5/28/13
 Copy information from block on Part 1

Part 2
Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

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

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>Sandy Bayou Farms</u>	Latitude: <u>32.53.12</u>	Longitude: <u>90.50.12</u>	
Mailing Address: <u>5215 Sandy Bayou Rd</u>	Method of Lat/Long (check one): Conventional Survey _____		
<u>Rolling Fork</u> MS <u>39159</u>	Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____		
City State	IR $\frac{1}{4}$ IR $\frac{1}{4}$, Sec <u>17</u> T <u>12N</u> R <u>6W</u>		
Telephone No. () _____	<u>3.5</u> miles <u>East</u> of <u>Rolling Fork</u> (Direction) (Nearest Town)		

Pump Type (circle one)

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

Date Pump Installed: 5/29/13 Rated Pump Capacity: 2500 Gallons Per Minute

Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)

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

Horse Power Rating of Motor: 60HP Setting Depth: 70 feet Number of Stages: 1

Pump Test Data for Non Flowing Well

Date Well Tested: Not tested Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level: Not tested Feet Below Land Surface

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

Method of measurement (circle one): _____ Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: Not tested feet.

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

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Meter Installation

Meter Manufacturer: Geyser Meter Serial Number: N/A

Meter Model Number/Name: N/A Type of Meter: propeller

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

Installation Date: 5/30/13 Meter installed by: Chicot Irrigation

Is This Meter (circle 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.

Hubbard Stephens 741-P 6/28/13 Hubbard Stephens
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer