

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 45552
 Driller: J. NEWCOME 0-773
 Date drilling completed: 3-16-2012

For Office Use Only:
 Aquifer: _____
 Well #: K12
 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>Floweree Planting Company</u> Mailing Address: <u>3360 Floweree Road</u> <u>Redwood</u> MS <u>39156</u> City State Zip Code Telephone No. () _____	Latitude: <u>32° 39' 47"</u> Longitude: <u>90° 51' 18"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS <u>SE 1/4 SW 1/4</u> Sec <u>31</u> Twn <u>10N</u> Rng <u>06W</u> Distance Direction Nearest Town <u>2</u> Miles <u>NE</u> of <u>VALLEY PARK</u>

Well / Borehole Data

Date drilling started: 3-16-2012 Date drilling completed: 3-16-2012 Hole depth: 122 Hole diameter: 20"

Location of the source of any surface water used for drilling: CREEK
 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: 10 inches Type of casing: P.V.C.
 Screen length: 40 feet Screen diameter: 10 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)

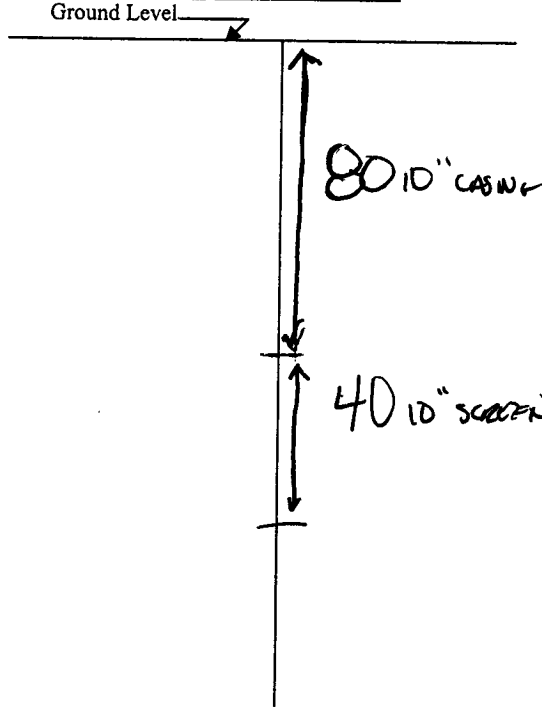
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BY: OLWR

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	65
CLAY/FINE SAND STRIPS	65	75
MED SAND	75	85
COARSE SAND/PEBBLES	85	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

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 0773

3.16.2012

John Newcome

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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: Sharkey
 Permit #: GW-45552
 Driller: J. Newcome 0-773
 Date completed: 3-16-2012
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: K12
 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>Floweree Planting Company</u>	Latitude: <u>32 39 47</u> Longitude: <u>90 51 18</u>
Mailing Address: <u>3360 Floweree Road</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Redwood MS 39156</u>	USGS quad _____, <u>Hand-held GPS</u> , Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 SW 1/4 Sec 31 T10N R06W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>2</u> Miles <u>NE</u> of <u>Valley Park</u>

Pump Type	Power Type
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> 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>17</u>
Date Pump Installed: <u>4/10/12</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>900</u> Gallons Per Minute	Number of Stages: <u>1</u>

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

Comp Rowe 0-711P [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 MAY 23 2012
 Form: OLWR-SWRPAC (07-09)

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