

State Well Report Part I - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2307
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

County: Sumner
 Permit #: GW-4610+46100
 Driller: Clarence Mc Murry
 Date drilling completed: 4-23-12

For Office Use Only:
 Aquifer: _____
 Well #: A71
 I. 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>P. Sticks Farms</u> | Latitude: <u>N 33° 58' 57.06"</u> Longitude: <u>W 90° 36' 42.02"</u> |
| Mailing Address: <u>14820 Charleston-Chillicothe Rd</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>South Solon</u> <u>OH</u> <u>43153</u> | USGS quad, Hand-held GPS Survey-grade GPS |
| City State Zip Code | <u>SE 1/4 NE 1/4 Sec 4 Twn 24N Rng 4W</u> |
| Telephone No. <u>(662) 627-7246</u> | Distance Direction Nearest Town <u>12.82 Miles NW of Drew</u> |
| | <u>#1361 Well #2</u> |

Well / Borehole Data

Date drilling started: 4-23-12 Date drilling completed: 4-23-12 Hole depth: 126' Hole diameter: 26"

Location of the source of any surface water used for drilling: hauled water from well 3 miles away
 Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): None 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 type air line other: _____

Well depth: 126' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 76 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 76 feet to 126 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

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: A 71
Well #: _____
Elevation: _____

County: SUNFLOWER
Permit #: GW 4610146100
Driller: MID-SOUTH WARR
Date drilling completed: 4-23-12
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 | Well Location |
|---|---|
| Owner Name: <u>SUNFLOWER COUNTY FARMS</u> | Latitude: <u>33° 58' 57.06"</u> Longitude: <u>90° 36' 42.02"</u> |
| Mailing Address: <u>P.O. BOX 832</u> | Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey, |
| <u>HERNANDO, MS 38632</u> | <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS |
| City State Zip code | <u>NE 1/4 NW 1/4 Sec 4 T 21N R 4W</u> |
| Telephone No. <u>(662) 820 2205</u> | Distance Direction Nearest Town |
| | <u>1</u> Miles <u>W</u> of <u>BALTZER</u> |

| Pump Type Check one | Power Type Check one |
|---|---|
| <input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible | <input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas |
| <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine | <input type="checkbox"/> Electric Motor <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>80</u> |
| Date Pump Installed: <u>4-27-12</u> | Setting Depth: <u>70</u> feet |
| Rated Pump Capacity <u>3000</u> Gallons Per Minute | Number of Stages: <u>1</u> |

| Pump Test Data | Method of Measuring Water Level Check one |
|--|--|
| Date Well Tested: _____ | <input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape |
| Static Water Level (A): _____ Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): _____ Feet Below Land Surface | |
| 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 (check 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.

DAVID P. HOLT 0-752P [Signature]
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
JUL 27 2012
Form OLWR-SWR-10 (07-09)