

State Well Report Part 1 -- 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: Sunflower
 Permit #: GW-46109
 Driller: Clarence McMuray
 Date drilling completed: 4-25-12

For Office Use Only:
 Aquifer: _____
 Well #: A72
 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>Pitstick Farms</u>	Latitude: <u>N33° 58' 08.8"</u> Longitude: <u>90° 35' 51.2"</u>
Mailing Address: <u>14820 Charleston-Chillicothe Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City: <u>South Salen</u> State: <u>OH</u> Zip Code: <u>43153</u>	USGS quad: <u>hand-held GPS</u> Survey-grade GPS
Telephone No. <u>(662) 627-7246</u>	<u>NE 1/4 NW 1/4 Sec 10 Twn 24N Rng 4W</u>
	Distance _____ Direction _____ Nearest Town _____
	Miles _____ of _____
	<u>#1561 Well #1</u>
Well / Borehole Data	
Date drilling started: <u>4-25-12</u> Date drilling completed: <u>4-25-12</u> Hole depth: <u>121'</u> Hole diameter: <u>26"</u>	
Location of the source of any surface water used for drilling: <u>near the well</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<u>If drilling is not related to water well construction, skip the remainder of this block</u>	
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ <input checked="" type="checkbox"/> Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: _____ feet above or <u>below</u> (circle one) land surface Date measured: _____	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Well depth: <u>121'</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix	
Casing length: <u>71</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>50</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>0.50</u> inches Setting depth: From <u>71</u> feet to <u>121</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe) _____	
Top of tap pipe or reduction in casing: <u>N/A</u> feet. <u>If telescoped or more than one screen, describe on next page</u>	

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 72
Well #: _____
Elevation: _____

County: Sunflower
Permit #: GW-46109
Driller: MJO-SOUTH WATER
Date drilling completed: 4-24-12
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' 8.46"</u> Longitude: <u>90° 35' 51.76"</u>
Mailing Address: <u>P.O. Box 832</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,
<u>HERNANDO</u> MS <u>38632</u>	<input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip code	<u>SE</u> ¼ <u>NW</u> ¼ Sec <u>10</u> T <u>24N</u> R <u>4W</u>
Telephone No. <u>(662) 820-2205</u>	Distance Direction Nearest Town
	<u>1</u> Miles <u>S</u> of <u>BALTZER</u>

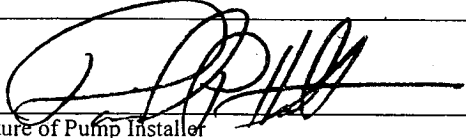
Pump Type Check one	Power Type Check one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
<input type="checkbox"/> Bucket <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	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 (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 _____
Print Name of Pump Installer and License No. (if applicable)


Signature of Pump Installer

RECEIVED
MS DEQ FORM C-07-09

JUL 27 2012

BY: OLWR