

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-440311
 Driller: Clarence McMurtry
 Date drilling completed: 5-7-10

For Office Use Only:
 Aquifer: D130
 Well #: _____
 L. S. Elevation: _____
 L-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>Parker Farm Partnership</u>	Latitude: <u>N33° 48' 55.12"</u> Longitude: <u>W90° 28' 9.84"</u>
Mailing Address: <u>4 Lombardy Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Drew</u> MS <u>38797</u>	<u>NE 1/4 Sec 35</u> Twn <u>23N</u> Rng <u>3W</u>
City State Zip Code	Distance Direction Nearest Town <u>3 1/2 Miles EAST of Drew</u>
Telephone No. <u>(662) 458-7176</u>	

Well / Borehole Data

Date drilling started: 5-7-10 Date drilling completed: 5-7-10 Hole depth: 123' Hole diameter: 26"

Location of the source of any surface water used for drilling: near by ditch
 Method of dosing and volume of Chlorine used in drilling and development: _____

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 drillline 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) N/A

Static Water Level: 46 feet above or below (circle one) land surface Date measured: 5-13-10

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 123' Well grouted to a depth of 10 feet Type of grout (circle one): Heat Cement Bentonite Mix

Casing length: 73 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 73 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: N/A feet. *If telescoped or more than one screen, describe on next page*

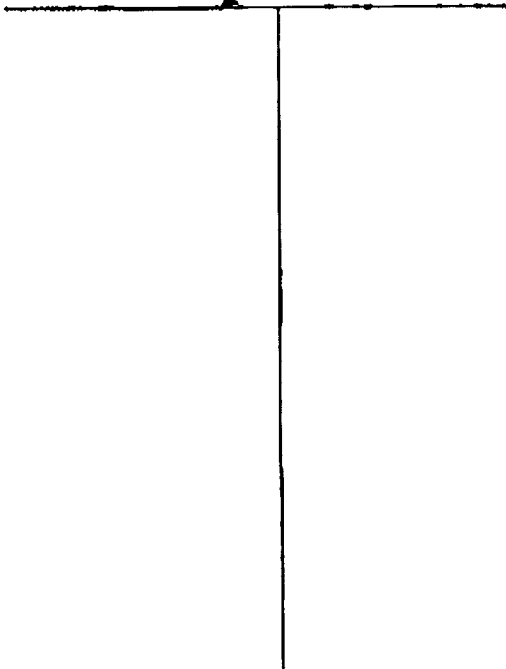
D130

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.

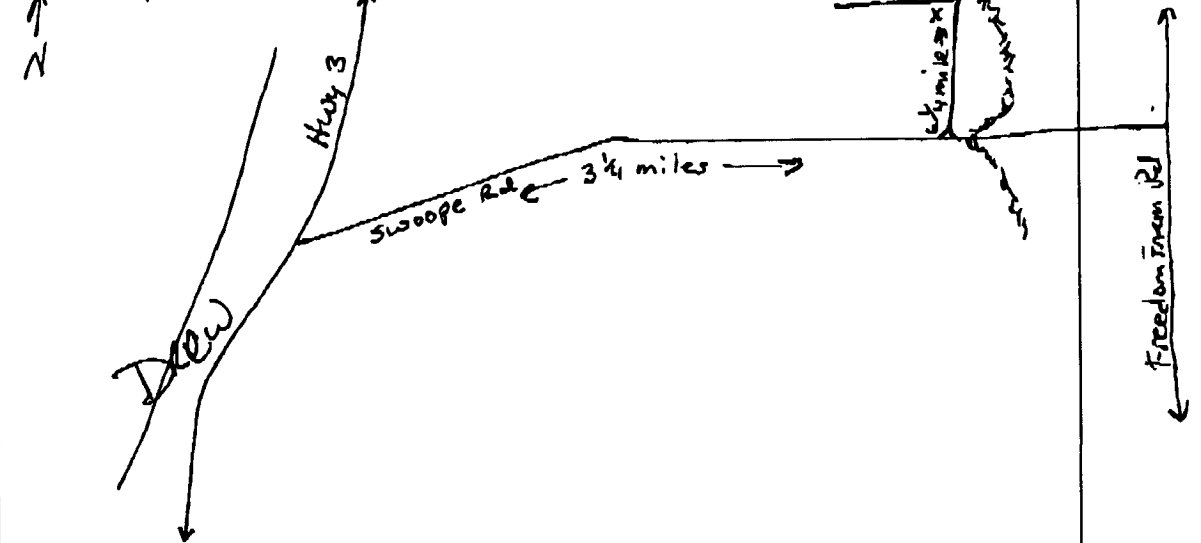
Ground Level →



Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	15
Clay & Fine Sand	15	21
Medium Sand & pea gravel	21	35
Medium Coarse Sand & pea gravel	35	45
Medium Sand & pea gravel	45	67
Medium Coarse Sand and pea gravel	67	85
Coarse Sand & gravel	85	123

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.



Landowner Name: Parker Farm Partnership

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.

Clayton Miller 0-703

5-15-10

Clayton Miller

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

STATE WELL REPORT

0130

County: Sunflower
 Permit #: GW-44031
 Driller: John Morgan
 Date completed: 5-13-10
 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
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: _____
 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>Parker Farm Partnership</u>	Latitude: <u>N33° 48' 55.17"</u> Longitude: <u>W90° 28' 9.54"</u>
Mailing Address: <u>4 Lombardy Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Drew</u> <u>MS</u> <u>38737</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>35</u> T <u>23N</u> R <u>3W</u>
Telephone No. <u>(662) 458-7176</u>	Distance Direction Nearest Town
	<u>3 1/2</u> Miles <u>EAST</u> of <u>DEED</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): <u>Gear Drive</u>
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>5-13-10</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NOT TESTED</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>46</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	Well yielded <u>N/A</u> GPM with a drawdown of _____
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Clayton Miller 0-703
 Print Name of Pump Installer and License No. (if applicable)

Clayton Miller
 Signature of Pump Installer

Existing Pump