

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 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: E149
Aquifer: _____
E-Log #: _____

County: Sunflower
Permit #: BW-47805
Driller: Tommy Racoek
Date drilling completed: 12/2/13

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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Full Harvest Agriculture</u>	Latitude: <u>33°45'14"</u> Longitude: <u>90°34'42"</u>
Mailing Address: <u>145 Delta Avenue</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Clarksdale</u> MS <u>38644</u>	<u>NE 1/4 NE 1/4, Sec 26 T 22N R 04W</u>
City State Zip Code	<u>1 1/2</u> Miles <u>NW</u> of <u>Ruleville</u>
Telephone No. <u>(662) 592-4169</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>12/2/13</u> Date drilling completed: <u>12/2/13</u> Hole depth: <u>105'</u> Hole diameter: <u>26"</u>
Location of the source of any surface water used for drilling: <u>Ditch 1 mile west of well site</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>Chlorinated in tank</u>
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) _____
<i>If drilling is not related to water well construction, skip the remainder of this block</i>
Purpose of Well (circle all applicable): Home Industrial Public Supply <input checked="" type="checkbox"/> Irrigation Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>38'</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>12-3-13</u> <small>(circle one)</small>
Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape Electric tape Air line Other (describe): _____
Well depth: <u>105</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input checked="" type="checkbox"/> Bentonite Mix
Casing length: <u>85</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>PVC</u>
Screen length: <u>40²⁰</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.032</u> inches Setting depth: From <u>85</u> feet to <u>105</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed Underreamed Open hole Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

County: Sunflower

Permit #: GW-4780S

For Office Use Only:

Well #: E149

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

	25'
sand & clay	25'
Clay	10'
sand & clay	10'
fine sand	10'
5' med & 5' coarse	10'
2' med & 8' coarse	10'
coarse & gravel	30'

If more than one screen, show location of each 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)
sand & clay	Ground level	25
clay	25	35
sand & clay	35	45
coarse sand	45	55
5' med & 5' coarse	55	65
2' med & 8' coarse	65	75
coarse & gravel	75	105

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) north arrow

Landowner Name: _____

I HEREBY 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.

Tommy Peacock #3409
Print Name of Responsible Licensee and License No.

12/9/13
Date

[Signature]
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 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

For Office Use Only:

Well #: _____

Aquifer: _____

County: SUNFLOWER
 Permit #: GW-47805
 Driller: TOMMY PEACOCK
 Date completed: 12-2-13
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>FULL HARVEST AGRICULTURE</u>	Latitude: <u>33° 45' 14"</u> Longitude: <u>90° 34' 42"</u>
Mailing Address: <u>145 DELTA AVENUE</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey _____
<u>CLARESDALE</u> <u>MS</u> <u>38614</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$, Sec <u>26</u> T <u>22N</u> R <u>04W</u>
Telephone No. (<u>662</u>) <u>592-4169</u>	<u>1/2</u> Miles <u>NW</u> of <u>RULEVILLE</u>
	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

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

Date Pump Installed: 5-21-14 Rated Pump Capacity: 1200 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: 30 Setting Depth: 60 feet Number of Stages: 3

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 38 Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface

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

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

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

Meter Installation

Meter Manufacturer: N/A Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

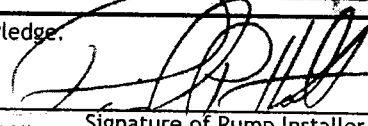
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: _____

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.

DAVID P. HOLT 0-752P 6-10-14 

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

13-1051