

County: Sunflower
Permit #: GW-47946
Driller: Irrigation Equipment
Date drilling completed: 06/23/2014

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 #: M168
Aquifer: _____
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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Lipe Farms Inc.</u>	Latitude: <u>33 31' 31.7 N</u> Longitude: <u>90 44' 17.1 W</u>
Mailing Address: <u>594 Fairview Road</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Indianola</u> <u>Ms</u> <u>38751</u>	<u>NW 1/4 SE 1/4, Sec 5 T 19 N R 5 W</u>
City State Zip code	<u>6</u> Miles <u>Northwest</u> of <u>Indianola</u>
Telephone No. () -	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>06/23/2014</u> Date drilling completed: <u>06/23/2014</u> Hole depth: <u>127'</u> Hole diameter: <u>24"</u>
Location of the source of any surface water used for drilling: <u>Surface Water</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>50 PPM</u>
Logs run (check all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): _____
Purpose of borehole (check one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check all applicable): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>41'</u> feet [<input type="checkbox"/> above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>06/27/2014</u> (check one)
Method of Measurement (check one) <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other: (describe) _____
Well depth: <u>127'</u> Well grouted to a depth of: <u>10'</u> feet Type of grout (check one): <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>87'</u> feet Casing diameter: <u>16"</u> inches Type of casing: <u>PVC</u>
Screen length: <u>40'</u> feet Screen diameter: <u>16"</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.050</u> inches Setting depth: From <u>88'</u> feet to <u>127'</u> feet
Type of completion (check all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development <input type="checkbox"/> 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 (4/13)

