

### 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  
(601)961- 5210  
(601)961- 5228 (fax)

County: Tallahatchie  
 Permit #: GW-46259,1  
 Driller: Clarence Mc Murray  
 Date drilling completed: 5-23-12

For Office Use Only:  
 Aquifer: E 70  
 Well #: \_\_\_\_\_  
 L. 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>Trout Valley Farms</u>	Latitude: <u>N33° 59' 08"</u> Longitude: <u>090° 01' 29"</u>
Mailing Address: <u>P.O. Box 414</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Charleston MS 38921</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SW, SE</u> 1/4 Sec <u>34</u> 1/4 NW <u>20N</u> R11E <u>02E</u>
Telephone No. <u>(602) 647-7103</u>	Distance Direction Nearest Towny <u>2</u> Miles <u>SE</u> of <u>Charleston</u>
	<u>#1591</u>

**Well / Borehole Data**

Date drilling started: 5-23-12 Date drilling completed: 5-23-12 Hole depth: 132 Hole diameter: 26"

Location of the source of any surface water used for drilling: nearby well

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 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: 31 feet above or below (circle one) land surface Date measured: 5-24-12

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

Well depth: 132' Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 82 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 82 feet to 132 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
 Other (describe): \_\_\_\_\_

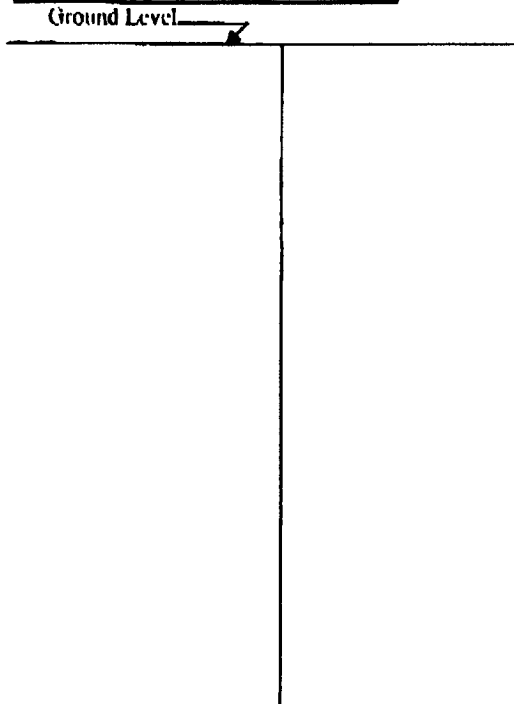
Top of lap pipe or reduction in casing: 0/2 feet. *If telescoped or more than one screen, describe on next page*

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The sketch below only required for water wells

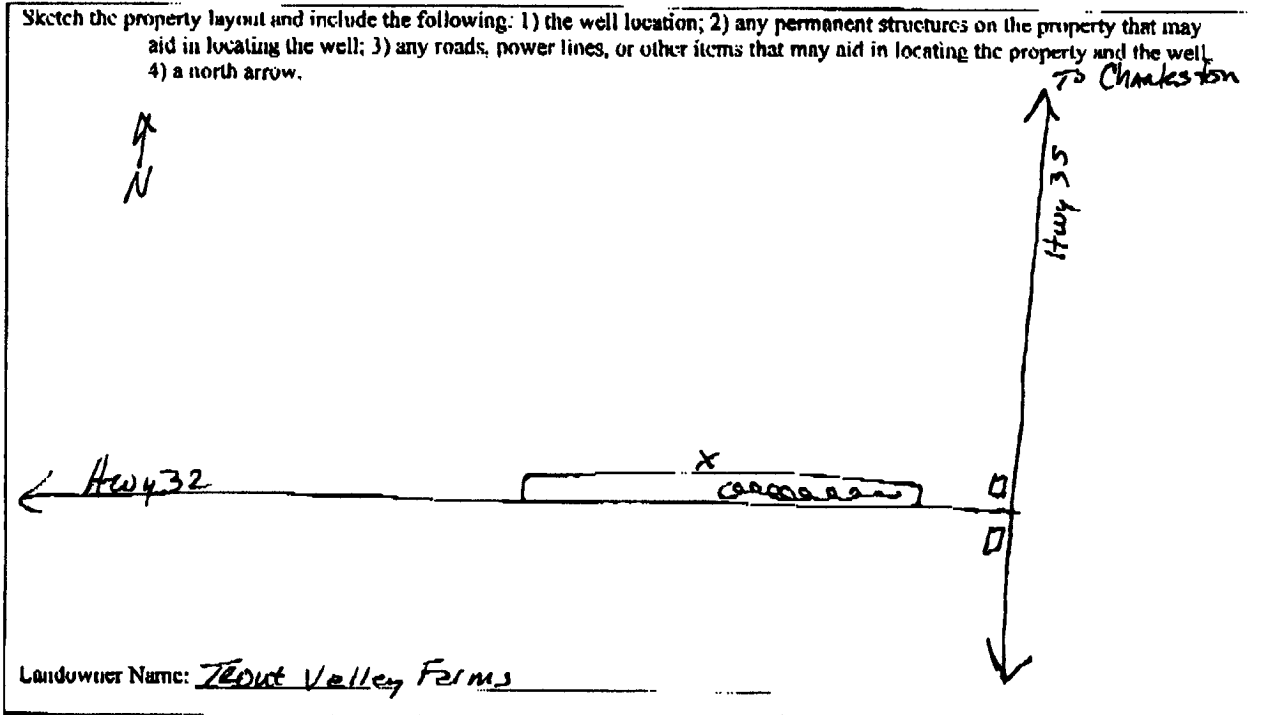
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch



Description of Formations Encountered	From (depth)	To (depth)
Top Soil Sand	Ground Level	10
Clay	10	50
Clay & Medium Sand	50	53
Medium Sand & pea gravel	53	58
Medium Sand & Clay	58	63
Medium Sand	63	66
Fine Sand	66	69
Medium Sand & pea gravel	69	72
Medium Coarse Sand & pea gravel	72	107
Coarse Sand & gravel	107	123
Coarse Sand	123	132
Clay	132	132

If more than one screen, show location of each on sketch



Form: OI-WR-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:

Print Name of Responsible Licensee and License No. Clayton Miller 0-703 Date 5-26-12 Signature of Licensee Clayton Miller

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# 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: \_\_\_\_\_  
 Well # F72  
 Elevation: \_\_\_\_\_

County: Tallahatchie  
 Permit #: GW-46299  
 Driller: Michael Wells  
 Date completed: 5-24-12  
 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

Owner Name: Trout Valley Farms  
 Mailing Address: P.O. Box 414  
Charleston MS 38921  
 City State Zip Code  
 Telephone No. (662) 647-7103

### Well Location

Latitude: N33° 59' 08" Longitude: W90° 04' 25"  
 Method of Lat/Long (check one): Conventional Survey \_\_\_\_\_  
 USGS quad \_\_\_\_\_ Hand-held GPS  Survey-grade GPS \_\_\_\_\_  
 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Sec 34 T 25N R 02E  
 Distance Direction Nearest Town  
2 Miles SE of Charleston

### Pump Type

Circle one  
 Air Lift  Jet  Submersible   
 Bucket  Piston  Turbine  
 Centrifugal  Rotary  Flowing Well   
 Other (specify): \_\_\_\_\_  
 Date Pump Installed: 5-24-12  
 Rated Pump Capacity: \_\_\_\_\_ Gallons Per Minute

### Power Type

Circle one  
 Diesel Engine  Gasoline Engine  Natural Gas   
 Electric Motor  Hand  Tractor PTO   
 Windmill  Other (specify): \_\_\_\_\_  
 Horse Power Rating of Motor: 60  
 Setting Depth: 80 feet  
 Number of Stages: 1

### Pump Test Data

Date Well Tested: NOT TESTED  
 Static Water Level (A): 31 Feet Below Land Surface  
 Pumping Water Level (B): N/A Feet Below Land Surface  
 Drawdown [(B) - (A)]: N/A Feet Below Land Surface  
 Test Pumping Rate: N/A Gallons Per Minute  
 Duration of Pump Test (minimum 4 hours): N/A hours

### Method of Measuring Water Level

Circle one  
 Air Line  Electric Measuring Line  Steel Tape   
 Other (specify): \_\_\_\_\_  
 For flowing well, measured shut in head: N/A feet  
 Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

This is for (circle 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.

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

Rayton Miller  
 Signature of Pump Installer