County: Tallahatchie
Permit #: NS-GW-45847
Driller: K. VEST
Date drilling completed: 13/12/13

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

Jackson, MS 39225 (601)961- 5210 (601)961- 5228 (fax)

For Office Use Only:				
Aquifer:				
Well #: K122				
L. S. Elevation:				
F-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.

Department at the above address within 30 days of comp	pletion of drilling of the well or borehole.			
Information on Well Owner	Well or Borehole Location			
(Landowner if borehole is not for a water well)	Latitude: 33 . 54' . 25.2" Longitude: 90° 10' . 44.4			
Owner Name Dand J Farms				
	Method of Lat/Long (circle one): Conventional Survey,			
Mailing Address Po Box 5	USGS quad, Hand-held GPS, Survey-grade GPS			
	SW 1/4 Sec St. Twn 2AN Rng DE			
Tipo US 38962 City State Zip Code	1 100 34			
City State Zip Code	Distance Direction Nearest Town Miles of			
Telephone No. ()				
Well / Bore				
Date drilling started: 12/12/Date drilling completed: 13//	12/13 Hole diameter: 28			
Location of the source of any surface water used for drilling:				
Method of dosing and volume of Chlorine used in drilling and devel	opment:			
Logs run (circle all applicable): No log run Electric Gamma Ray Name of organization running log(s):	Density Sonic Neutron Other:			
Purpose of horabala (abadi ana): Water Wall V Cantalais 1/Co. 1				
Purpose of borehole (check one): Water Well_X_ Geotechnical/Geole	ogical investigation Ground Source Heat Pump			
Seismic SurveyOther (describe)			
If drilling is not related to water well construction	n, skip the remainder of this block			
Purpose of Well (check one): Home Industrial Public Supply	Irrigation_X Fish Culture Other:			
If a flowing well, method of flow regulation: Valve O	ther (describe)			
Static Water Level: 40 feet above of below circle one) land surface Date measured:				
Static water Level:	and surface Date measured:			
Method of Measurement (circle one) steel tape electric tape	air line other:			
Well depth: Well grouted to a depth offeet Type	of grout (circle one): Neat Cement Bentonite Mix			
Casing length: 10 feet Casing diameter:	_inches Type of casing:			
Screen length: 40 feet Screen diameter: 10				
Screen slot size: 1032 inches Setting depth: From	70 feet tofeet			
Type of completion (circle all applicable) Gravel packed Under	reamed Telescoped Open hole Natural Development			
Other (describe):				
Top of lap pipe or reduction in casing: feet. If tele				
Top of the property of tourism in casing.	escoped of more than one screen, describe on next page			

Form: OLWR-SWR-1A (04/08)

County: TallahatChie
Permit #: MS-GW - 4584B

The sketch below only required for water wells

The sketch below only required for water wells	and boreholes, unless specifically exempted by regulations			
If well telescopes, show depths on sketch.	Description of Formations Encountered	From (depth)	ד	
Ground Level	Clan	Ground level		
K	Fine Sand	30		
	How Sand	45		
	Grevel	95		
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If more than one screen, show location of each on sketch				
If more than one sereen, 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 3) any roads, power lines, or other items that may aid in 4) north arrow	d in locating the well locating the property and the well			

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.

Name of Responsible Licensee and License No

Date

Signature of Licensee

For Office Use Only:

To (depth)

Well #: K122

Description of formations encountered must be provided for all wells

Form: OLWR-SWR-1A (4/13)

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

For Office Use Only:
Aquifer:
Well #: K122
Elevation:

Copy information from block	on Part 1	(601)961-5228 (fax)	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.							
	wner Information		Well Location				
Owner Name: D.J. F	arms	Latitude: 33°54	1'25,2" Longitude: 5	90 10 44.4"			
Mailing Address: Po B	oy 5	Method of Lat/Lo	ng (check one): Convention	onal Survey			
		USGS quad,	Hand-held GPS, Sur	vey-grade GPS			
City	State Zip C	Distance	½ Sec 23 T 24N 34 Direction Nearest T				
Telephone No. ()		Miles j	Ease of Tipi	00			
	Pump Type Circle one		Power Type Circle one				
Air Lift Je	t Submersib	Diesel Engine	Gasoline Engine	Natural Gas			
Bucket Pi	ston Turbine	Electric Motor	Hand	Tractor PTO			
Centrifugal Ro	otary Flowing W	Vell Windmill	Other (specify):				
Other (specify):		Horse Power Ratio	ng of Motor: 60				
Date Pump Installed: 13/12/13			80				
Rated Pump Capacity: 20	Gallons Per	Minute Number of Stages	: <u> </u>				
Pump Test Data		Me	thod of Measuring Wate	r Level			
Date Well Tested:			Circle one				
Static Water Level (A):		Surface Air Line E	Electric Measuring Line	Steel Tape			
Pumping Water Level (B): _	Feet Below Land	Surface Other (specify): _					
Drawdown [(B) – (A)]:	Feet Below Land	Surface For flowing well,	measured shut in head:	feet			
Test Pumping Rate:	Gallons Per	Minute Well yielded	GPM with a	drawdown of			
Duration of Pump Test (minimum 4 hours):hourshours of pump Test (minimum 4 hours):hours of pump Test (minimum 4 hours):hours				hours of pumping			
		···					

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

Kelly Vest UNR 0452
Print Name of Pump Installer and License No. (if applicable)

County: TOILA HATCHIE

Permit #: M5-GW- 45847

Driller:

Date completed: _

Form: OLWR-SWR-1B (04/08)