

Job # 10-096

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
(801)961- 5210
(601)961- 5228 (fax)

County: Tallahatchie
Permit #: GW-44089
Driller: Pete Suppiger
Date drilling completed: May 4, 2010

For Office Use Only:
Aquifer: _____
Well #: N111
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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name <u>J. G. Flawitt Farms</u></p> <p>Mailing Address: <u>Bulford Plantation</u> <u>P.O. Box 130</u> <u>Sumner Ms 38957</u> City State Zip Code</p> <p>Telephone No. <u>(662) 515-6810</u></p>	<p>Well or Borehole Location</p> <p>Latitude: 34° 49' 43.02" Longitude: <u>90° 22' 53.2"</u> <u>33 49 43</u> <u>90 22 53</u></p> <p>Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u>, Survey-grade GPS</p> <p>USGS quad. <u>SN 1/4 SW 1/4 Sec 26 Twn 23N Rng 12W</u></p> <p>Distance Direction Nearest Town <u>7</u> Miles <u>W</u> of <u>Gladore</u></p>
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Well / Borehole Data

Date drilling started: 4-27 Date drilling completed: 4-27 Hole depth: 110' Hole diameter: 28"

Location of the source of any surface water used for drilling: Canal 1/2 mi. of well

Method of dosing and volume of Chlorine used in drilling and development: Sodium Hypochlorite @ region

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: 38 feet above or below (circle one) land surface Date measured: 4-27

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

Well depth: 110' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: Sch 40 PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: Sch 40 PVC

Screen slot size: .032 inches Setting depth: From 70 feet to 110 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: _____ feet. *If telescoped or more than one screen, describe on next page*

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

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)	
	Ground Level	
Clay	0	30'
Clay + Fine Sand	30'	40'
Gravel + Coarse Sand	40'	110'

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.

See Map Attached

Landowner Name: J. G. Fleatt

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.

Pete Sappington 0430 4-28-10

Print Name of Responsible Licensee and License No. Date

[Signature]

Signature of Licensee

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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 #: <u> N III </u>	_____
Elevation: _____	_____

Permit #: <u>TALLAHATCHIE</u> <u>GW-44089</u>	Driller: <u>Pete's Well Drilling</u>
Date completed: <u>4-26-10</u>	
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.

<p style="text-align: center;">Well Owner Information</p> Owner Name: <u>JG FLAUIT FARMS</u> Mailing Address: <u>P.O. BOX 130</u> <u>Summer, MS 38957</u> City State Zip Code Telephone No. <u>(662) 515-6810</u>	<p style="text-align: center;">Well Location</p> Latitude: <u>33° 49' 43.3"</u> Longitude: <u>90° 22' 53.2"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____ _____ ¼ _____ ¼ Sec <u>26</u> T <u>23N</u> R <u>ZW</u> Distance Direction Nearest Town <u>5</u> Miles <u>N</u> of <u>GLENODON</u>
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<p style="text-align: center;">Pump Type Circle one</p> Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>5-17-10</u> Rated Pump Capacity: <u>3000</u> Gallons Per Minute	<p style="text-align: center;">Power Type Circle one</p> <u>Diesel Engine</u> Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>80</u> Setting Depth: <u>70</u> feet Number of Stages: <u>2</u>
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<p style="text-align: center;">Pump Test Data</p> Date Well Tested: _____ Static Water Level (A): <u>38</u> 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 Duration of Pump Test (minimum 4 hours): _____ hours	<p style="text-align: center;">Method of Measuring Water Level Circle one</p> Air Line Electric Measuring Line <u>Steel Tape</u> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

<u>DAVID P. HOLT 0-752P</u> Print Name of Pump Installer and License No. (if applicable)	 Signature of Pump Installer
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Form OLWR-SWF-704(08)

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