County: Tallahatchie
Permit # 6W - 465 43 /
Driller Clarence MCMUSTY
Date drilling completed. 9-5-12

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)

For Office Use Only:			
Aquifer			
Well #	<u>Q42</u>		
L. S. Elever	ion		
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 Well or Borehole Location (Landowner if burehole is not for a water well) Latitude: 33 ° 50 ' 28 " Longitude 90 ° 54 · 33 " Owner Name Elliot Lzke Farms, INC Method of Lat/Long (circle one): Conventional Survey, Mailing Address: 502 | Street USGS quad, Hand-held GPS Survey-grade GPS SE 45W 4 Sec - 22 Twn 23W Rng 02 5 Cleveland MS 38732
City State Zip Code Direction 15.9 Miles West of Grenada Telephone No. (6/2) 7/9 - 84/16 Well / Borebole Data Date drilling started: 9-5-12 Date drilling completed: 9-5-12 Hole depth: 70' Hole diameter 22" Location of the source of any surface water used for drilling. 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 black Purpose of Well (check one): Home ___ Industrial __ Public Supply __ Irrigation __ Fish Culture ___ Other: If a flowing well, method of flow regulation: Vulve_____Other (describe) Static Water Level: 8 feet above of pelow (circle one) land surface Date measured: 9-7-12 Method of Measurement (circle one) steel tape ofecting tano air line other-Well depth: 70 Well grouted to a depth of 10 feet 1 yee of grout (circle one): Nest Coment Hentonite Mix Casing length: 30 feet Casing diameter: /2 inches Type of casing: TVC Type of screen: PVC Screen length: 40 feet Screen diameter: /2 inches Screen slot size: .050 inches Setting depth: From 30 feet to 70 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

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

The sketch below only required for water wells

<u>If well telescopes, sho</u>	w depths on sketch.
Cround Lavel	

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

Description of Formations Encountered	From (depth)	To (depth)
CLAY	Ground Level	19
Medium/Coase Sond and few graves	19	29
Medium/Coarse Sond	29	
and lea gravel		70
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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 structure of the property layout and include the following: 1) the well location; 2) any permanent structure.	tures on the property that may
aid in locating the well; 3) any peads, power lines, or other items that may aid in locating	uting the property and the wells
4) a north arrow.	ating the property and the went
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Landowner Name: Ellist Lake Terms INC.	
EH 10 - CINE 1 C 1 013 11 L	5
<u> </u>	Form: OLWR-SWR-1A (04/08)
	FORD: ULWK-5WK-1A (1/4/U8)

I certify that the well/harehole 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

Miller 0-763 9-10-12 Clayton Mullen
punsible Licensee and Licensee No. Date Menature of Licensee

Print Name of Responsible Licensee and License No.

Form: OLWR-SWR-1C (07-09)

STATE W.	ELL REPORT			
	Part 2			
Pump Installer	's Completion Report Aquifer: ut of Environmental Quality —			
Driller John Kuppl TV Office of I and	and Water Resources Wall # 042			
	- MC 20036			
(601)961-5210			
Comp information from block on Part 1 (601)96	61-5228 (fax)			
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 purts filed with the Department at the above address within 30 days of well completion.				
Well Owner Information	Well Location			
Owner Name: Flist LNE FRAME INC	Latitude: 33°50'28" Longitude: 90° 04'33"			
Mulling Address: 802 15t Street	Method of Lat/Long (check one): Conventional Survey			
	USGS quad, Hand-held GPS, Survey-grade GPS			
Cleveland MS 38732 City State 7ip Code	¼ ¼ Sec_ J2 1 JBN R 02E			
Telephone No (6/12) 7/9 - 84/6	Distance Direction Nearest Toyon 15.7 Miles West of Golden Con			
reseptione No (Miles) 117 - 817	13.7 Miles West of Golden Con			
Pump Type				
Circle onc	Power Type Circle one			
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas			
Bucket Piston Turbine	Electric Motor Hand Tractor PTO			
Centrifugal Rotary Flowing Well	Windmill Other (specify):			
Other (specify):	Horse Power Rating of Motor: 40			
Date l'ump Installed: 9-7-12	Sctting Depth: <u>50</u> feet			
Rated Pump Capacity: Gullons Per Minute	Number of Stages:			
Pump Test Data	Method of Measuring Water Level			
Date Well Tested NOT TIESTISD	Circle onc			
Static Water Level (A): Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape			
Pumping Water Level (B): N/2 Feet Below Land Surface	Other (specify):			
Drawdown [(B) - (A)]: / Feet Below Land Surface	For flowing well, measured shut in head:			
Test Pumping Rate: Afa Gallons Per Minute	Well yielded GPM with a drawdown of			
Duration of Pump Test (minimum 4 hours):hours	hours of pumping			
	L			
This is for (circle one): Replacement of Existing Pump Repair of Existing Pump				
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.				
Observon Milen 0-703	Conto miller			
Print Name of Pump Installer and License No. (if applicable)	Signiture of Punip Installer			