

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 #: Q42
 L.S. Elevation: _____
 E-log #: _____

County: Tallahatchie
 Permit #: GW-46543
 Driller: Clarence McMurry
 Date drilling completed: 9-5-12

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>Elliot Lake Farms, Inc</u>	Latitude: <u>33° 50' 28"</u> Longitude: <u>90° 04' 33"</u>
Mailing Address: <u>802 1st Street</u>	Method of Lat/Long (circle one): Conventional Survey, <input type="checkbox"/> <u>Hand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/>
<u>Cleveland MS 38732</u>	USGS quad: <u>SE 1/4 SW 1/4 Sec 22 Twn 23N Rng 02E</u>
City State Zip Code	Distance Direction Nearest Town <u>15.5 Miles West of Gretna</u>
Telephone No. <u>(662) 719-8416</u>	

Well / Borehole 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: Lake

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) n/a

Static Water Level: 8 feet above or below (circle one) land surface Date measured: 9-7-12

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

Well depth: 70' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix _____

Casing length: 30 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 30 feet to 70 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: n/a feet *If telescoped or more than one screen, describe on next page*

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 #: Q42
 Elevation: _____

County: Tallahatchie
 Permit #: GW-46543
 Driller: John Rybolt IV
 Date completed: 9-7-12
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	Well Location
Owner Name: <u>ELITE LAKE FARMS INC</u>	Latitude: <u>33° 50' 28"</u> Longitude: <u>90° 04' 33"</u>
Mailing Address: <u>802 1st STREET</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Cleveland MS 38732</u> City State Zip Code	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
Telephone No: <u>(662) 719-8416</u>	Distance <u>15.9</u> Miles Direction <u>West</u> of Nearest Town <u>Gulfport</u>

Pump Type	Power Type
Circle one Air Lift Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Circle one Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>9-7-12</u>	Setting Depth: <u>40</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>NOV 7 2012</u>	Circle one Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>8</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	Well yielded <u>N/A</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	

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.

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