County: Therica
Permit #: <u>510 - 47437</u>
Driller: Tommy Peaces
Date drilling completed: $\frac{6/10/13}{}$

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 39225-2309
(601)961-5210

(601)360-0535 (fax)

For Office Use Only:

Well #: _______

Aquifer: ______

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.

Well Owner Information	Well or Borehole Location
(Landowner if borehole is not for a water well)	Latitude: 34-44-03.506 Longitude: 90.25.00.9012
Owner Name: Dartch Parker	()
Mailing Address: PC Bcx 1760	Method of Lat/Long (check one): Conventional Survey,
Matting Address.	USGS quad, Hand-held GPS, Survey-grade GPS
	NE 4 SE 4, Sec 13 T 045 R 12W
Timics MS 38676 City State Zip Code	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
City State Zip Code	Miles of (Distance) (Direction) (Nearest Town)
Telephone No. ()	(Distance) (Direction) (Nearest Town)
Well / B	Sorehole Data
Data drilling started: /: 1/2/13 Date drilling completed:	$\frac{4/10/13}{11}$ Hole depth: 15 Hole diameter: $\frac{76}{11}$
Date dritting started. (1. 1507) Date dritting completed.	ditch laile familell laction
	ng: ditch I mile from well location
Method of dosing and volume of Chlorine used in drilling a	and development: Chlorinoted in Twik
Logs run (circle all applicable): No log run Electric Gami	ma Ray Density Sonic Neutron Other:
Name of organization running log(s):	
Purpose of borehole (circle one): Water Well Geotechn	ical/Geological Investigation Ground Source Heat Pump
Seismic Survey Other	(describe)
	construction, skip the remainder of this block
Purpose of Well (circle all applicable): Home Industrial	
Other (describe):	
If a flowing well, method of flow regulation: Valve	Other (describe)
Static Water Level:feet [above or below	w] land surface Date measured:
	1
Method of measurement (circle one): Steel tape Electric	tape Air line Other (describe):
	feet Type of grout (circle one): Neat Cement Sentonite Mix
Casing length: 75400 feet Casing diameter:	inches Type of casing: PVC
Screen length:feet	
Screen slot size:inches	i
Type of completion (circle all applicable): Gravel packed	Underreamed Open hole Natural Description
Other (describe):	. JUL 0 1 2013
Top of lap pipe or reduction in casing:feet	
	one screen, describe on next page BY: OWB
	Form: OI WR-SWR-1A (4/13)

County: _	Timica
Permit #:	CW-47432

CIB Well #: _

For Office Use Only:

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

If well telescopes, show depths on sketch.

The sketch below only required for water wells

Ground Level	
is 15'	s' top soil - 5' send
25 10	clay
25 45 70	Sovel/clay mix
45 10	medium sand
55 10 1	7' medium soud 3' coase sand
10	8' course
75 1. 10 85	Coorse some
85 10' 9's 10'	course sould
95 70	course sout
If more than one screen, s	show location of each on sketch

Description of Formations Encountered	From (depth)	To (depth)
5' sand 5' Clast 5' topsoil	Ground level	15
Clay	15	25
Sond-Clay mix	25 45	45
medium sand	43	<i>5</i> 5
7' medium send - 3' course sand	33	65
S' course "1 - 7' med course	65	75
Course Servid	75	85
" + good	85	75
course sand	95	j]5

etch	the	property	layout	and	include	the	following:

- 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) north arrow

RECEIVED

'JUL 0 1 2013

BY: OLWA

Landowner Name:	
I HEREBY CERTIFY that the well/borehole was drilled, constructed requirements of the Mississippi Department of Environmental Qu	d, and completed in accordance with all applicable ality and the Mississippi Department of Health regulations
if applicable, and state laws.	. 1
Tomany Baseck St #3409 6-2	1/-/3 Johns Cacoch 3 Signature of Licensee
Frint Name of Responsible Licensee and License No. Date	
	Farme OLAMB SMD 1A /A

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

STATE WELL REPORT	
County: TUNEA Part 2 For Office Use O	nlv.
Pump Installer's Completion Report	
Driller: Tommy Rack Mississippi Department of Environmental Quality Office of Land and Water Resources Well #:	
Date completed: (0-10-13 P.O. Box 2309	
Jackson, MS 39225-2309 Aquifer:	
(601) 360-0535 (fax)	
This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Pa of the report must be attached and both parts filed with the Department at the above address within 30 days of well com	
Well Owner Information Well Location	
Owner Name: HASTENGS FARMS Latitude: 34.44,35" Longitude: 90.25, 9	<u>"</u>
Mailing Address: P.O. 80x /760 Method of Lat/Long (check one): Conventional Survey_	,
USGS quad, Hand-held GPS, Survey-grade GP.	S
TUNSCA MS 38676 NE 14 SE 14, Sec 13 T 045 R City State Zip Code	12W
Addes 1/1/ of 1)41/1CA	
Telephone No. (662) 363-3588 (Distance) (Direction) (Nearest Town)	
Pump Type (circle one)	
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe):	
Date Pump Installed: 6-19-13 Rated Pump Capacity: 3000 Gallons Per	
Is This Pump (circle one): New Repaired Replacement	minute
Power Type (circle one)	
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):	
Horse Power Rating of Motor: Setting Depth: 70 feet Number of Stages:	
7.	
Pump Test Data for Non Flowing Well	
Date Well Tested: Duration of Pump Test (minimum 4 hours):	
Static Water Level (A): Feet Below Land Surface Pumping Water Level (B): Feet Below Land Surface	urface
Drawdown [(B) - (A)]: Feet Below Land Surface Test Pumping Rate: Gallons Per	Minute
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):	
Pump Test Data for Flowing Well	
Measured shut in head:feet.	
Well yieldedhours of pumping	
, Meter Installation	
/ Meter installation	i
Meter Manufacturer:	
Meter Manufacturer: Meter Serial Number:	
Meter Manufacturer: Meter Serial Number: Meter Model Number/Name: Type of Meter:	
Meter Manufacturer: Meter Serial Number: Meter Model Number/Name: Type of Meter:	

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards.

For agricultural wells, a list of approved meters is on the MDEQ website.

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

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

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

13-0334