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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 #: N0042
 Aquifer: M R U A
 E-Log #: _____

Local Name #2 Pivot

County: Quitman Tunica
 Permit #: MS-GW-47629
 Driller: James Hagger
 Date drilling completed: 7/24/13

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>ELVIS River Farms</u>	Latitude: <u>34°25'28.7"</u> Longitude: <u>90°19'12.7"</u>
Mailing Address: <u>3724 McEntire Road</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Pine Bluff</u> <u>AR</u> <u>71601</u>	<u>SE 1/4 SE 1/4, Sec 35 T 7S R 11W</u>
City State Zip Code	<u>5</u> Miles <u>West</u> of <u>Sledge</u>
Telephone No. <u>(786) 310-7673</u>	(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: <u>7/24/13</u> Date drilling completed: <u>7/24/13</u> Hole depth: <u>110</u> Hole diameter: <u>24"</u>
Location of the source of any surface water used for drilling: <u>ditch water</u>
Method of dosing and volume of Chlorine used in drilling and development: <u>1 gallon Per 1000 water</u>
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____
Name of organization running log(s): _____
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____
If drilling is not related to water well construction, skip the remainder of this block
Purpose of Well (circle all applicable): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture
Other (describe): _____
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: <u>24</u> feet [above or <input checked="" type="checkbox"/> below] land surface Date measured: <u>6/24/13</u> (circle one)
Method of measurement (circle one): <input checked="" type="checkbox"/> Steel tape <input type="checkbox"/> Electric tape <input type="checkbox"/> Air line <input type="checkbox"/> Other (describe): _____
Well depth: <u>110'</u> Well grouted to a depth of: <u>10</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix
Casing length: <u>80</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>
Screen slot size: <u>.050</u> inches Setting depth: From <u>70</u> feet to <u>110</u> feet
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet
<i>If telescoped or more than one screen, describe on next page</i>

BY: OLWR

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 39225-2309
(601)961-5210
(601) 360-0535 (fax)

For Office Use Only:

Well #: N0042
Aquifer: MRVA

County: Quitman
Permit #: UNR-00000542
Driller: James Hagger
Date completed: 7/24/13
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: Owner Name: ELVIS River Farms, Mailing Address: 3724 McEntire Road, Pine Bluff, AR, 71601, Telephone No. (786) 310-7673
Well Location: Latitude: 34° 25' 28", Longitude: 90° 19' 12", Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, 5 Miles West of Sledge

Pump Type (circle one): Submersible, Turbine, Air Lift, Centrifugal, Flowing Well, Jet, Piston, Rotary, Other (describe):
Date Pump Installed: 7/24/13, Rated Pump Capacity: 1200 Gallons Per Minute
Is This Pump (circle one): New, Repaired, Replacement

Power Type (circle one): Electric, Diesel, Gasoline, Natural Gas, Tractor PTO, Windmill, Other (describe):
Horse Power Rating of Motor: 60, Setting Depth: 70 feet, Number of Stages: 2

Pump Test Data for Non Flowing Well
Date Well Tested: 7/24/13, Duration of Pump Test (minimum 4 hours):
Static Water Level (A): 24 Feet Below Land Surface, Pumping Water Level (B): 44 Feet Below Land Surface
Drawdown [(B) - (A)]: 20 Feet Below Land Surface, Test Pumping Rate: 1200 Gallons Per Minute
Method of measurement (circle one): ~~Street tape~~, Electric tape, Air line, Other (describe):

Pump Test Data for Flowing Well
Measured shut in head: feet.
Well yielded GPM with a drawdown of feet after hours of pumping

Meter Installation
Meter Manufacturer: Meter Serial Number:
Meter Model Number/Name: Type of Meter: RECEIVED
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc):
Installation Date: Meter installed by:
Is This Meter (circle one): New, Repaired, Replacement
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.

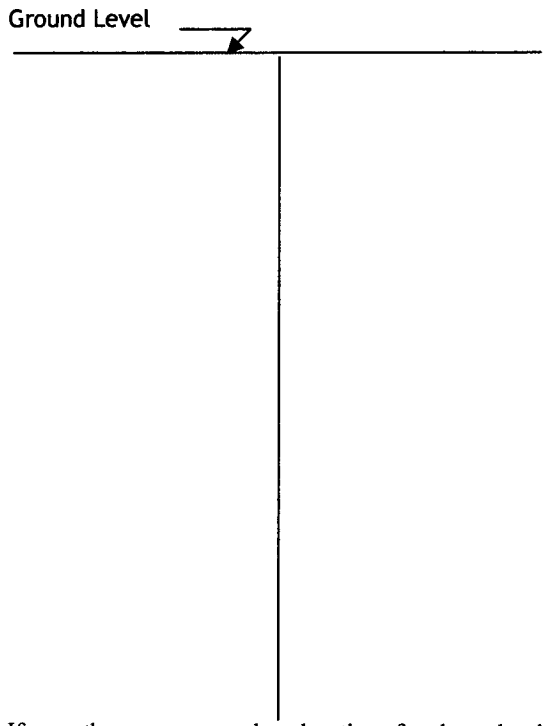
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
James Hagger 542 7-31-13
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer
Form: OLWR-SWR-1B (4/13)

County: Quitman
Permit #: ~~UNK 00000542~~ 62-47629

For Office Use Only:
Well #: N0042

The sketch below only required for water wells

If well telescopes, show depths on sketch.



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)
Clay	Ground level	10
Fine	10	30
Medium Fine mix	30	70
Medium	70	90
Coarse	90	112
Clay	112	120

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) north arrow

See attached #2

RECEIVED
AUG 06 2013
BY: OLWR

Landowner Name: Elvis River Farms

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.

James Hager 542 7-31-13
Print Name of Responsible Licensee and License No. Date Signature of Licensee