

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 #: A268
Aquifer:
E-Log #:

County: WASHINGTON
Permit #: GW-47744
Driller: J. NEWCOME 0-773
Date drilling completed: 10.21.13

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)
Owner Name: S & N FARMS
Mailing Address: P.O. Box 4656
GREENVILLE MS 38704
City State Zip Code
Telephone No. ()
Well or Borehole Location
Latitude: 33° 28' 47" Longitude: 091° 02' 05"
Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS X, Survey-grade GPS
1R 1/4 1R 1/4, Sec 07 T 19N R 09W
4 Miles N of GREENVILLE
(Direction) (Distance) (Nearest Town)

Well / Borehole Data
Date drilling started: 10.21.13 Date drilling completed: 10.21.13 Hole depth: 102 Hole diameter: 2 1/2"
Location of the source of any surface water used for drilling: DITCH
Method of dosing and volume of Chlorine used in drilling and development: CHLORINE TABLETS
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:
Name of organization running log(s):
Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe)

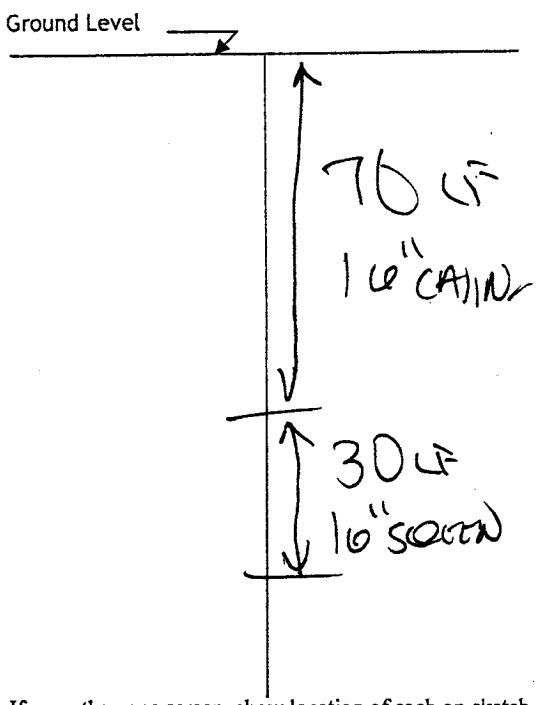
If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture
Other (describe):
If a flowing well, method of flow regulation: Valve Other (describe)
Static Water Level: feet [above or below] land surface Date measured:
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):
Well depth: 100 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: P.J.C.
Screen length: 30 feet Screen diameter: 16 inches Type of screen: P.J.C.
Screen slot size: .050 inches Setting depth: From 70 feet to 100 feet
Type of completion (circle all applicable): Gravel packed Underreamed 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

County: Washington
 Permit #: G.W. 47744

For Office Use Only:
 Well #: A

The sketch below only required for water wells
If well telescopes, show depths on sketch.



If more than one screen, show location of each 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)
TOP SOIL	Ground level	10
CLAY	10	30
FINE SAND	30	65
MOD. / FAUL SAND	65	75
MEDIUM SAND	75	90
CONCRETE / ROCKS	90	98
CLAY	98	100
BOTTOM	100	102

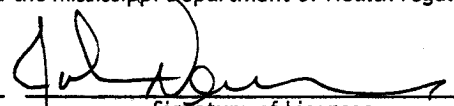
Sketch the property layout and include the following:

- 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 MAP

Landowner Name: _____

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.

JOHN NEWCOMB 0-773 10-21-13 
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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 #: A268
 Aquifer: _____

County: Washington
 Permit #: GW-47744
 Driller: J. Newcome 0-773
 Date completed: 10-21-13
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	Well Location
Owner Name: <u>StN Farms</u>	Latitude: <u>33.28.47</u> Longitude: <u>91 06 05</u>
Mailing Address: <u>P.O. Box 4656</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Greenville</u> City <u>MS</u> State <u>38704</u> Zip Code	<u>TR 1/4 IR 1/4</u> , Sec <u>07</u> T <u>19N</u> R <u>09W</u>
Telephone No. (____) _____	<u>4</u> Miles <u>N</u> of <u>Greenville</u> (Distance) (Direction) (Nearest Town)

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: No Pump Set Rated Pump Capacity: _____ 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: _____ Setting Depth: _____ feet Number of Stages: _____

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): _____ 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

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 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: _____

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.

Hubbard Stephens 7411-P 4/7/14 [Signature]
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer