

State Well Report Part I - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2307
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

County: Washington
 Permit #: GW-44327
 Driller: Clarence McMurry
 Date drilling completed: 5-29-10

For Office Use Only:
 Aquifer: B 93
 Well #: _____
 I. S. Elevation: _____
 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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>R.D. Reed Farms</u> Mailing Address: <u>102 Peninsula Dr</u> <u>Leland MS 38756</u> City State Zip Code Telephone No. <u>(662) 379-1645</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>33° 27' 45.87"</u> Longitude: <u>90° 52' 23.7"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad: <u>Hand-held GPS</u> Survey-grade GPS <u>NW 1/4 SE 1/4 Sec 25 Twn 19N Rng 7W</u> Distance Direction Nearest Town <u>4 1/4</u> Miles <u>N</u> of <u>Leland</u></p>
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Well / Borehole Data

Date drilling started: 5-29-10 Date drilling completed: 5-29-10 Hole depth: 120' Hole diameter: 26"

Location of the source of any surface water used for drilling: near by rice field
 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: 40 feet above or below (circle one) land surface Date measured: 5-29-10

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

Well depth: 117' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 67 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth: From 67 feet to 113 1/2 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*

Replacement Well

STATE WELL REPORT

893

County: Washington
 Permit #: GW-44327
 Driller: John Morgan
 Date completed: 5-25-10
 Copy information from block on Part 1

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 #: _____
 Elevation: _____

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>R.D. REED FARMS</u>	Latitude: <u>N 33° 27' 45.0"</u> Longitude: <u>W 90° 52' 23.9"</u>
Mailing Address: <u>102 Peninsula Dr</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Leland MS 38756</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>25</u> T <u>19N</u> R <u>7W</u>
Telephone No. <u>(662) 379-1645</u>	Distance Direction Nearest Town
	<u>1/4</u> Miles <u>N</u> of <u>Leland</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): <u>Gear Drive</u>
Other (specify): _____	Horse Power Rating of Motor: <u>80hp</u>
Date Pump Installed: <u>5-25-10</u>	Setting Depth: <u>20</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NOT TESTED</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>40</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 _____
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	

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

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

Existing Pump