

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)

County: WASHINGTON
 Permit #: GW-45517 ✓
 Driller: J. NEWCOME 0.773
 Date drilling completed: 10.24.2011

For Office Use Only:
 Aquifer: E 205
 Well #: _____
 L. 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.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>GT+T Farms</u>	Latitude: <u>33° 22' 57"</u> Longitude: <u>90° 56' 56"</u>
Mailing Address: <u>1844 Jacqueline Drive</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>Greenville MS 38701</u> City State Zip Code	<u>NE 1/4 NW 1/4 Sec 29</u> ✓ Twn <u>18N</u> Rng <u>07W</u>
Telephone No. () _____	SE Distance <u>2.5</u> Miles Direction <u>W.</u> of Nearest Town <u>LELAND</u>

Well / Borehole Data

Date drilling started: 10.24.2011 Date drilling completed: 10.24.2011 Hole depth: 187 Hole diameter: 24"

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 (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) _____

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

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

Well depth: 85 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 50 feet Casing diameter: 16 inches Type of casing: P.V.C.

Screen length: 35 feet Screen diameter: 16 inches Type of screen: P.V.C.

Screen slot size: .050 inches Setting depth: From 50 feet to 85 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: _____ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A (04/08)

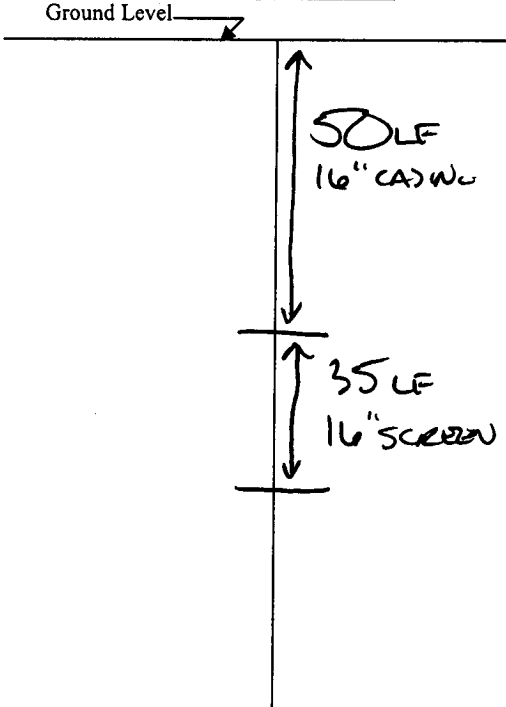
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BY: OLWR

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)
TOP SOIL	Ground Level	10
CLAY STRIPS	10	25
MED / COARSE SAND	25	50
COARSE SAND / PEBBLES	50	85
BOTTOM	85	87

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) a north arrow.

SEE MAP

Landowner Name: _____

I 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 NEWCOME 0.773 10.24.2011 *(Signature)*
 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
(601)961-5210
(601)961-5228 (fax)

For Office Use Only:

Aquifer: _____

Well #: E 205

Elevation: _____

County: WASHINGTON
Permit #: GW-45517
Driller: J. NENCOME 0-773
Date completed: 10-24-2011
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>G.T. & T. FARMS</u>	Latitude: <u>33° 22' 57"</u> Longitude: <u>090° 56' 56"</u>
Mailing Address: <u>1844 JACQUELINE DR.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>GREENVILLE, MS 38701</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 NW 1/4 Sec 29 T 18N R 07W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>2.5</u> Miles <u>W.</u> of <u>LELAND</u>

Pump Type	Power Type
Air Lift Circle one Jet Submersible	<input checked="" type="radio"/> Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input checked="" type="radio"/> Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>10-26-2011</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2000</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): <u>NOT TESTED</u>
Pumping Water Level (B): <u>NOT TESTED</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ 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.
CORY ROWE 0-711P [Signature]
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-10 (07-09)
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