

O'HARE - PATTON

State Well Report

Part I - 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-46905
 Driller: J. NEWCOMB
 Date drilling completed: 4.9.13

For Office Use Only:
 Aquifer: _____
 Well #: H234
 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 (Landowner if borehole is not for a water well) | Well or Borehole Location |
|--|---|
| Owner Name: <u>O'Hare Farms</u> | Latitude: <u>33.18.33</u> Longitude: <u>90.53.35</u> |
| Mailing Address: <u>P.O. Box 185</u> | Method of Lat/Long (circle one): Conventional Survey, USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS |
| <u>Hollandale</u> MS <u>38748</u> | <u>SW 1/4 NE 1/4</u> Sec <u>23</u> Twn <u>17N</u> Rng <u>07W</u> |
| City State Zip Code | Distance Direction Nearest Town <u>2</u> Miles <u>N</u> of <u>ARCOLA</u> |
| Telephone No. () _____ | |

Well / Borehole Data

Date drilling started: 4.9.13 Date drilling completed: 4.9.13 Hole depth: 112 Hole diameter: 20"

Location of the source of any surface water used for drilling: CREEK

Method of dosing and volume of Chlorine used in drilling and development: CALDINE 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: 110 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 10 inches Type of casing: P.V.C.

Screen length: 40 feet Screen diameter: 10 inches Type of screen: P.V.C.

Screen slot size: .058 inches Setting depth: From 70 feet to 110 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

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Washington
 Permit #: GW-46905
 Driller: J. Newcome 0-773
 Date completed: 4-9-2013

For Office Use Only:

Aquifer: _____
 Well #: H234
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

| Well Owner Information | Well Location |
|--|---|
| Owner Name: <u>O'Hare Farms</u> Mailing Address: <u>P.O. Box 185</u> <u>Hollandale MS 38748</u> <small>City State Zip Code</small> Telephone No. () _____ | Lat: <u>33°18.33</u> Longitude: <u>90.53.35</u> Method of Lat/Long (circle one): Conventional Survey. USGS quad <u>Hand-held GPS</u> Survey-grade GPS <u>SW</u> ¼ <u>NE</u> ¼ Sec <u>23</u> Twn <u>17N</u> Rng <u>07W</u> Distance Direction Nearest Town <u>2</u> Miles <u>N</u> of <u>Arcola</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift Jet <input type="radio"/> <u>Submersible</u> Bucket Piston <input type="radio"/> Turbine <input type="radio"/> Centrifugal Rotary <input type="radio"/> Flooding Well <input type="radio"/> Other (specify): _____ Date Pump Installed: <u>4-10-2013</u> Rated Pump Capacity: <u>1200</u> Gallons Per Minute | Diesel Engine <input type="radio"/> Gasoline Engine <input type="radio"/> Natural Gas <input type="radio"/> <u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/> Windmill <input type="radio"/> Other (specify): _____ Motor Rating of Motor: <u>30HP</u> Setting Depth: <u>70</u> feet Number of Stages: <u>1</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|---|--|
| Date Well Tested: _____ Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface <u>Not Tested</u> Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours | Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape <input type="radio"/> Other (specify): _____ <u>Not Tested</u> For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |

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

Hubbard Stephens 741-P
 Print Name of Pump Installer and License No. (if applicable)


 Signature of Pump Installer

APR 18 2013

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