

LEE ROSS

State Well Report

Part 1

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)

For Office Use Only:

Aquifer: S 175
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: Washington
Permit #: GW-45163 ✓
Driller: J. NEWCOME 0-773
Date drilling completed: 5-19-2011

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name <u>Lee Ross Farms</u>	Latitude: <u>33.00.48"</u> Longitude: <u>091.01.47"</u>
Mailing Address: <u>P.O. Box 264</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Rolling Fork MS 39159</u>	USGS quad <u>Hand-held GPS</u> , Survey-grade GPS ✓
City State Zip Code	<u>IR 1/4 IR 1/4 Sec 10</u> ✓ Twn <u>14N</u> Rng <u>08W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>1</u> Miles <u>SE</u> of <u>GREEN ALLEN</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 5-19-2011 Date well drilling completed: 5-19-2011

If flowing, 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: _____

Hole depth: 107 Well depth: 105 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 65 feet Casing diameter: 10 inches Type of casing: P.U.C.

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

Screen slot size: .050 inches Setting depth: From 65 feet to 105 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 back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

JOHN NEWCOME 0-773

[Signature]

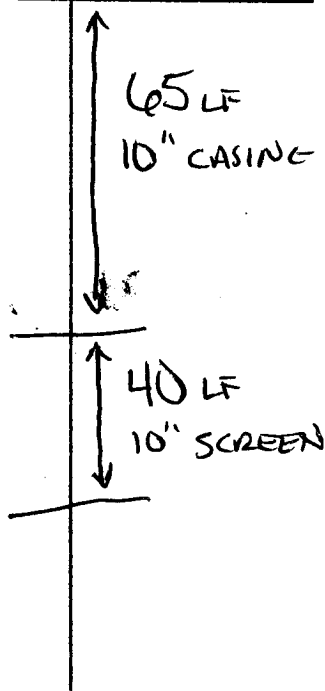
Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

5175

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	10
FINE SAND	10	30
MED SAND	30	50
FINE SAND	50	65
COARSE SAND / PEA GRAVEL	65	105
BOTTOM	105	107

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) indicate direction.

SEE MAP

Landowner Name: _____

[Handwritten Signature]

Signature of Water Well Contractor

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 #: 5175
 Elevation: _____

County: Washington
 Permit #: GW-45163
 Driller: J. Newcome 0-773
 Date completed: 5.19.2011
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>Lee Ross Farms</u>	Latitude: <u>33° 00' 48"</u> Longitude: <u>091° 01' 47"</u>
Mailing Address: <u>P.O. Box 264</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Rolling Fork MS 39159</u> City State Zip Code	<u>IR 1/4 IR 1/4 Sec 10 T 14N R 08W</u>
Telephone No. (____) _____	Distance <u>1</u> Miles Direction <u>SE</u> of Nearest Town <u>Glen Allen</u>

Pump Type	Power Type
Circle one Air Lift Jet <input type="checkbox"/> <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well	Circle one Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>5/20/11</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1200</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: _____	Circle one Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ 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 C Rowe
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer