

Valley Hill, CO.
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: K92
Well #: _____
L. S. Elevation: _____
E-log #: _____

County: YAZOO
Permit #: 6W44478
Driller: J. NEWCOME 0-773
Date drilling completed: 5-28-10

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>Valley Planting Co.</u>	Latitude: <u>32.45.11</u> " Longitude: <u>90.31.52</u>
Mailing Address: <u>90 John M. Pillow</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>P.O. Box 10</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/>
<u>Sartartia MS 39162</u>	<u>NE</u> 1/4 <u>NE</u> 1/4 Sec <u>12</u> Twn <u>11N</u> Rng <u>3W</u>
City State Zip Code	<u>NE</u> <u>SW</u> <u>32</u>
Telephone No. () _____	Distance <u>7.1</u> Miles Direction <u>Southwest</u> Nearest Town <u>Yazoo City</u>

Well Data

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

Date well drilling started: 5-28-10 Date well drilling completed: 5-28-10

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: 103 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 50-75 feet to 85-100 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): _____

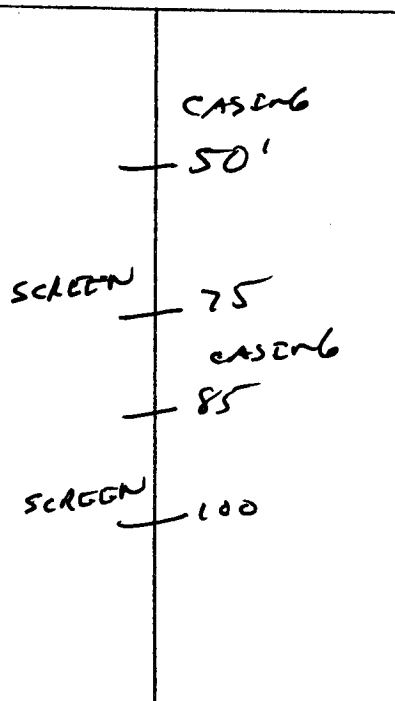
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

JOHN NEWCOME 0-773
Print Name of Water Well Contractor and License No.

[Signature]
Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

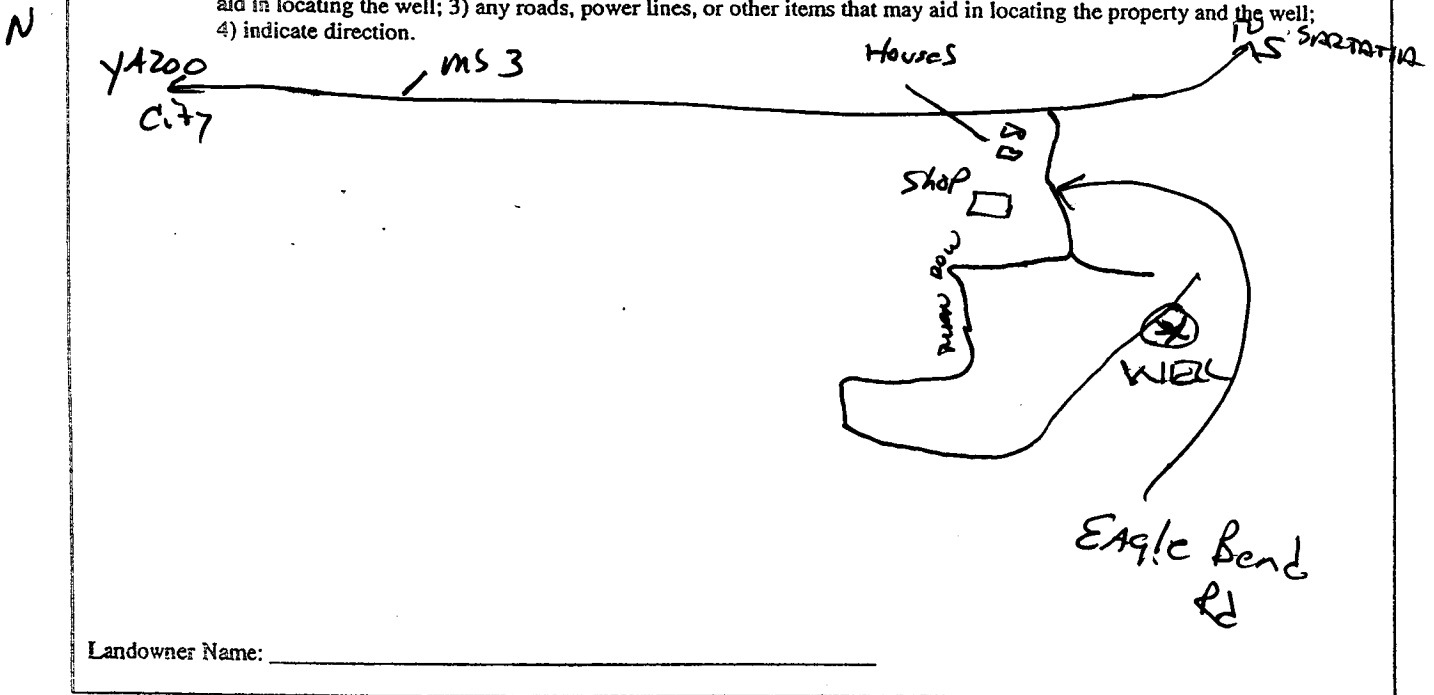
Ground Level



Description of Formations Encountered	From	To
Top Soil	0	10
Mix CLAY	10	18
Fine Sand	18	50
Med Coarse Sand	50	75
Fine Sand	75	85
Coarse Sand	85	98
Gray CLAY	98	103

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.



Landowner Name: _____

John Dence
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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Yazoo
 Permit #: 6W 44478
 Driller: J. Newcome 0-773
 Date completed: 5-28-10

For Office Use Only:

Aquifer: K92
 Well #: _____
 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

Owner Name: Valley Planting Co.
 Mailing Address: 1/2 John M. Pillow
P.O. Box 10
Sartoria MS 39162
 City State Zip Code

Telephone No. () _____

Well Location

Latitude: 32° 45' 11" Longitude: 90° 31' 52"
 Method of Lat/Long (circle one): Conventional Survey,
 USGS quad. Hand-held GPS, Survey-grade GPS
NW 1/4 NE 1/4 Sec 12 Twn 11N Rng 3W
 Distance Direction Nearest Town
7.1 Miles SW of Yazoo City

Pump Type
Circle one

Air Lift	Jet	Submersible
Bucket	Piston	<u>Turbine</u>
Centrifugal	Rotary	Flowing Well

Other (specify): _____

Date Pump Installed: 6/7/10

Rated Pump Capacity: 2800 Gallons Per Minute

Power Type
Circle one

<u>Diesel Engine</u>	Gasoline Engine	Natural Gas
Electric Motor	Hand	Tractor PTO
Windmill	Other (specify): _____	

Horse Power Rating of Motor: 60

Setting Depth: 70 feet

Number of Stages: 1

Pump Test Data

Date Well Tested: _____

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

Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level
Circle one

Air Line Electric Measuring Line Steel Tape
 Other (specify): _____

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.

Cony Rowe 0-711P [Signature]
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 AUG 10 2010
 BY: OLWR