

#520

County Bolivar  
 Permit # GW41245  
 Driller: Shane Partridge  
 Date drilling completed 8-1-06

**State Well Report**  
**Part I - Driller's Log**  
 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 \_\_\_\_\_  
 Well #: A-105  
 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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name <u>H.H. Planting Company</u> Mailing Address: <u>Box 165</u> <u>Duncan MS 38740</u> City State Zip Code Telephone No. <u>(662) 902-3551</u>	Latitude: <u>34° 04' 25.0"</u> Longitude: <u>090° 46' 44.5"</u> <u>23</u> <u>44</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS ✓ <u>NW 1/4 NW 1/4 Sec 1</u> ✓ <u>Twn 25N</u> <u>Rng 6W</u> Distance Direction Nearest Town <u>3</u> Miles <u>North</u> of <u>Duncan</u>

**Well / Borehole Data**

Date drilling started: 8-1-06 Date drilling completed: 8-1-06 Hole depth: 123' Hole diameter: 26"

Location of the source of any surface water used for drilling: OLD WELL  
 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) \_\_\_\_\_)

Static Water Level: 25 feet above or below (circle one) land surface Date measured: 8-2-06

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

Well depth: 123 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 7 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .050 inches Setting depth: From 73 feet to 123 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.*

AUG-03-2006 08:26 From: MID SOUTH WATER

6628431717

To: 601 360 0535

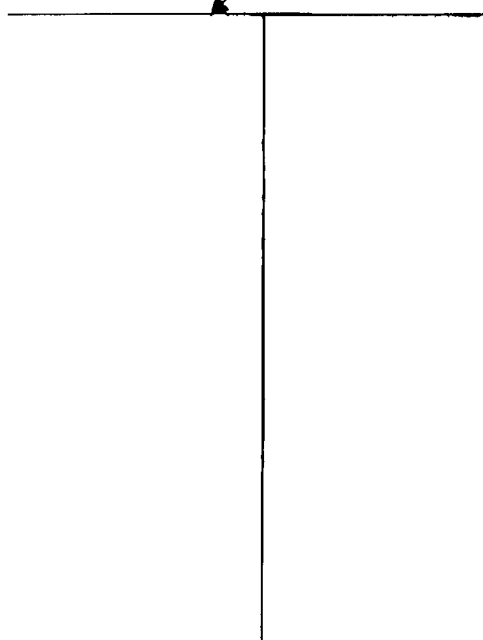
P. 3/3

A-105

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

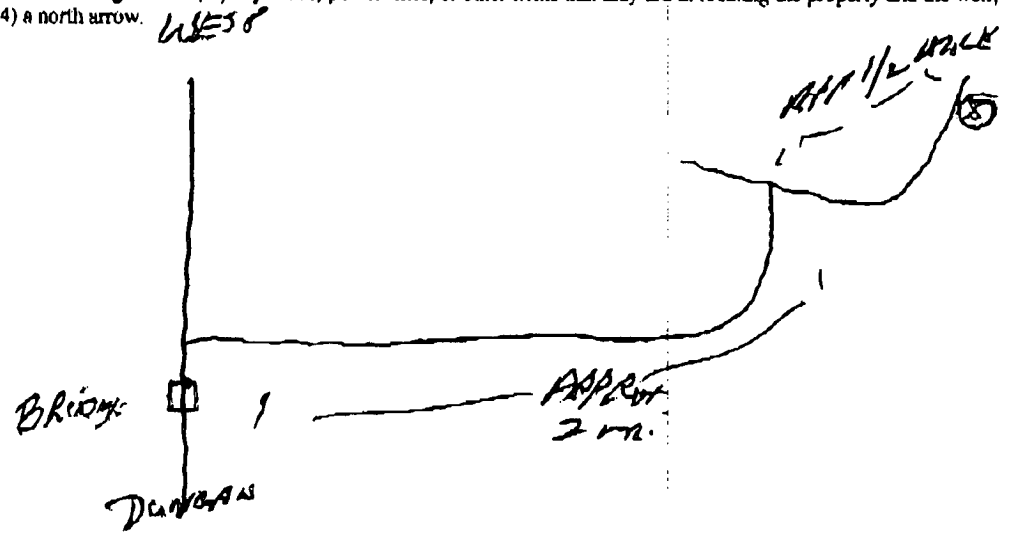


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
Clay	0	13
Clay	13	23
Clay	23	33
Fine Sand	33	43
Fine Sand	43	48
Coarse Sand	48	53
Coarse Sand	53	63
Coarse Sand & Gravel	63	73
Coarse Sand & Gravel	73	83
Coarse Sand & Gravel	83	93
Coarse Sand & Gravel	93	103
Coarse Sand & Gravel	103	113
Coarse Sand & Gravel	113	123

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.



Landowner Name: MRS. CHARLES CORNWELL

Form: OLWR-SWR-1A

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.

Thomas G. Christman 0-703

8-2-06

Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

AUG-04-2006 07:11 From: MID SOUTH WATER 6628431717 To: 601 360 0535 P.2/2

#520

### 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: Bolivar  
 Permit # \_\_\_\_\_  
 Driller: Scott Need  
 Date completed: 8-2-06  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Aquifer \_\_\_\_\_  
 Well # A-105  
 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>H &amp; H Planting Co.</u>	Latitude: <u>N 34° 04' 25.0"</u> Longitude: <u>W 090° 46' 44.5"</u>
Mailing Address: <u>Box 165</u>	Method of Location (check one): Conventional Survey _____ <u>25</u> USGS quad _____ <u>Hand-held GPS</u> _____ <u>44</u>
<u>Duncan MS 38740</u> City State Zip Code	1/4 _____ 1/4 Sec <u>1</u> T <u>25N</u> R <u>6W</u>
Telephone No. <u>(662) 902-3551</u>	Distance _____ Direction _____ Nearest Town _____ <u>3</u> Miles <u>North</u> of <u>Duncan</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Rocket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>75</u>
Date Pump Installed: <u>8-2-06</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>N/A</u>	Air Line <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>25</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: _____ feet
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	
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.

Thomas G. Christman 0-703  
 Print Name of Pump Installer and License No. (if applicable)

Thomas G. Christman  
 Signature of Pump Installer