

GW44668 pp 6/12

County: Bolivar  
 Permit #: GW-377946  
 Driller: Clarence Mc Murry  
 Date drilling completed: 4-1-11

**State Well Report**  
**Part 1 - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2307  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

**For Office Use Only:**  
 Aquifer: A 128  
 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.

<p><b>Information on Well Owner</b>          (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Bell &amp; Bell Partnership</u>          Mailing Address: <u>240 Greer Rd</u>  <u>Shelby MS 38774</u>          City State Zip Code          Telephone No. <u>(602) 719-9040</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>N34° 01' 41.7"</u> Longitude: <u>W90° 51' 12.6"</u>  <u>42</u> <u>13</u>          Method of Lat/Long (circle one): Conventional Survey          USGS quad: <u>Hand-held GPS, Survey-grade GPS</u>  <u>NE 1/4 NE 1/4 Sec 19 Twp 25 N Rng 6 W</u>          Distance Direction Nearest town  <u>7.8 Miles NE of Gunnison</u></p>
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**Well / Borehole Data**

Date drilling started: 4-1-11 Date drilling completed: 4-1-11 Hole depth: 105' Hole diameter: 26"

Location of the source of any surface water used for drilling: near by 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) N/A

Static Water Level: 13 feet above or below (circle one) land surface Date measured: 4-5-11

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

Well depth: 105' Well grouted to a depth of \_\_\_\_\_ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 55 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .032 inches Setting depth: From 55 feet to 105' feet

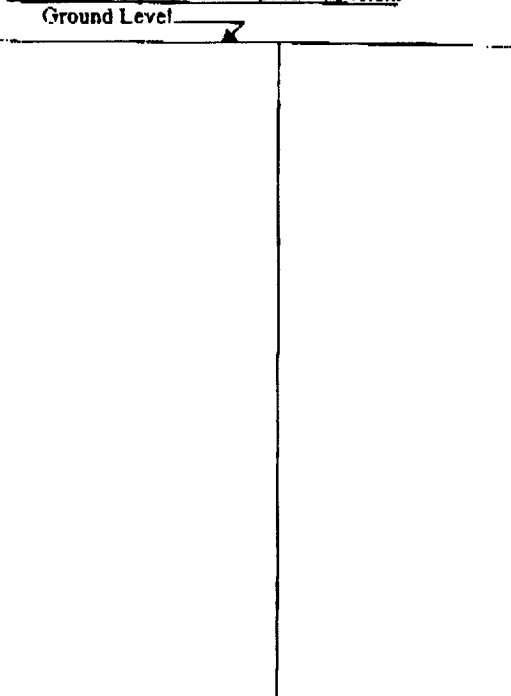
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
 Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: N/A feet. *If telescoped or more than one screen, describe on next page*

A128

The sketch below only required for water wells

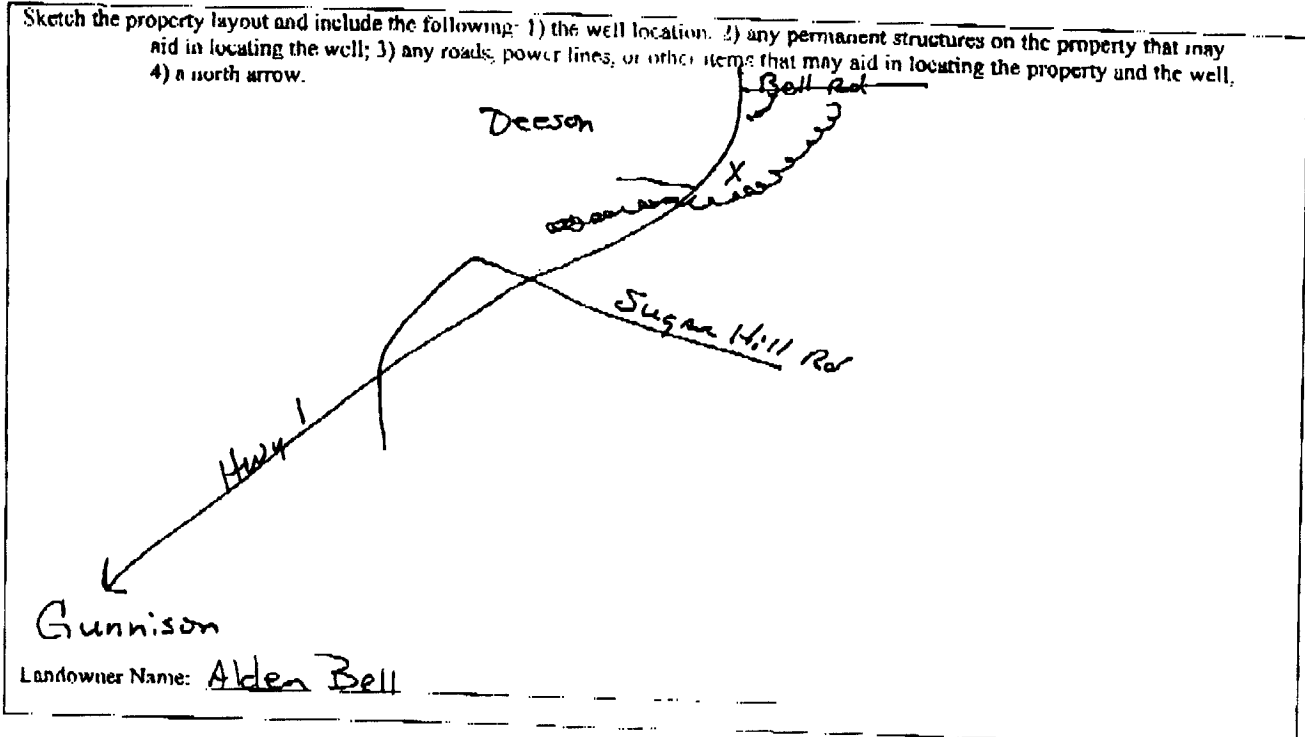
If well telescopes, show depths on sketch.



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)
Clay	Ground Level	19
Fine Sand	19	31
Medium Sand	31	68
Medium/Coarse Sand and pea gravel	68	105

If more than one screen, show location of each on sketch



Landowner Name: Alden Bell

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

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.

Clayton Miller 0-703 4-16-11

Clayton Miller  
Signature of Licensee

Print Name of Responsible Licensee and License No. Date

# STATE WELL REPORT

## Part 2

County: Bolivar  
 Permit #: GW-37774  
 Driller: David Conady  
 Date completed: 4-5-11  
 Copy information from block on Part 1

**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 #: \_\_\_\_\_  
 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**  
 Owner Name: Bell's Bell Partnership  
 Mailing Address: 240 Greer Rd.  
Shelby MS 38774  
 City State Zip Code  
 Telephone No. (662) 719-9040

**Well Location**  
 Latitude: N34° 01' 41.7" Longitude: W90° 51' 12.6"  
 Method of Lat/Long (check one): Conventional Survey \_\_\_\_\_  
 USGS quad \_\_\_\_\_ Hand-held GPS  Survey-grade GPS \_\_\_\_\_  
NE 1/4 NE 1/4 Sec 19 T 25N R 6W  
 Distance Direction Nearest Town  
2.8 Miles NE of Gunnison

**Pump Type**  
 Circle one  
 Air Lift Jet Submersible  
 Bucket Piston Turbine  
 Centrifugal Rotary Flowing Well  
 Other (specify): \_\_\_\_\_  
 Date Pump Installed: 4-5-11  
 Rated Pump Capacity: \_\_\_\_\_ Gallons Per Minute

**Power Type**  
 Circle one  
 Diesel Engine 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: NOT TESTED  
 Static Water Level (A): 13 Feet Below Land Surface  
 Pumping Water Level (B): N/A Feet Below Land Surface  
 Drawdown [(B) - (A)]: N/A Feet Below Land Surface  
 Test Pumping Rate: N/A Gallons Per Minute  
 Duration of Pump Test (minimum 4 hours): N/A hours

**Method of Measuring Water Level**  
 Circle one  
 Au Line Electric Measuring Line Steel Tape  
 Other (specify): \_\_\_\_\_  
 For flowing well, measured shut in head: N/A 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  
Clayton Miller 0-703  
 Print Name of Pump Installer and License No. (if applicable) Clayton Miller  
 Signature of Pump Installer

Existing Pump