

County: Bolivar
 Permit #: GW 44451
 Irrigation Equipment
 Date drilling completed: 6-29-10

State Well Report
Part 1 - 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)

For Office Use Only:
 Aquifer: B 174
 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>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Jimmy Smith</u> Mailing Address: <u>P.O. Box 902</u> <u>Coldwater Ms. 38618</u> City State Zip Code Telephone No. () _____</p> | <p>Well or Borehole Location</p> <p>Latitude: <u>34.04.07.3</u> Longitude: <u>90.42.564</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS ✓ <u>SE 1/4 NE 1/4 Sec. 4</u> Twn <u>25 N</u> Rng <u>5 W</u> Distance Direction Nearest Town <u>1</u> Miles <u>S</u> of <u>Alligator</u></p> |
|--|---|

Well / Borehole Data

Date drilling started: 6-29-10 Date drilling completed: 6-29-10 Hole depth: 117 Hole diameter: 24"

Location of the source of any surface water used for drilling: Surface Water
 Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

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, strike the remainder of this block.

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

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 38 feet above of (below) (circle one) land surface Date measured: 6-30-10

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

Well depth: 117 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement (Bentonite) Mix
 Casing length: 77 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 78 feet to 117 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*

Old Well 12" Steel 15' East

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

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County: Bolivar
 Permit #: _____
 Irrigation Equipment
 Date completed: 6-29-10
 Copy information from Check on Part 1

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 #: 6176
 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>Jimmy Smith</u> | Latitude: _____ Longitude: _____ |
| Mailing Address: <u>P.O. Box 902</u> | Method of Lat/Long (check one): Conventional Survey _____ |
| <u>Coldwater Ms. 38618</u> | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| City State Zip Code | <u>SE 1/4 NE 1/4 Sec 4 T 25N R 5W</u> |
| Telephone No. () _____ | Distance _____ Direction _____ Nearest Town _____ |
| | <u>1</u> Miles <u>S</u> of <u>Alligator</u> |

| Pump Type Circle one | Power Type Circle one |
|--|---|
| Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> | <u>Diesel Engine</u> Gasoline Engine Natural Gas |
| Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> | Electric Motor <input checked="" type="checkbox"/> Hand Tractor PTO |
| Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>60</u> |
| Date Pump Installed: <u>6-30-10</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: _____ | 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.
 Patrick M Chism 0695
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)

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