

County: Bolivar  
 Permit #: GW-464991  
 Driller: Clarence McMurtry  
 Date drilling completed: 3-21-13

**State Well Report**  
 Part I - 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: \_\_\_\_\_  
 Well #: C184  
 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.*

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Wahnow Farms</u>	Latitude: <u>33° 53' 04.22"</u> Longitude: <u>90° 58' 28.00"</u>
Mailing Address: <u>P.O. Box 518</u>	Method of Lat/Long (circle one): <u>CA</u> Conventional Survey, <u>58 21</u>
<u>Rosedale MS 38769</u> City State Zip Code	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
Telephone No. <u>(662) 719-5912</u>	<u>1E 1/4 SE 1/4 Sec 25 Twn 24N Rng 08W</u>
	Distance Direction Nearest Town <u>41730 406</u> Miles of <u>site #2</u>

**Well / Borehole Data**

Date drilling started: 3-21-13 Date drilling completed: 3-21-13 Hole depth: 125' Hole diameter: 26"

Location of the source of any surface water used for drilling: Handed water from nearby 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: 25 feet above or below (circle one) land surface Date measured: 4-10-13

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

Well depth: 125' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 75 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: 1.050 inches Setting depth: From 75 feet to 125 feet

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

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

Form OLEW-1440 (10) **RECEIVED**

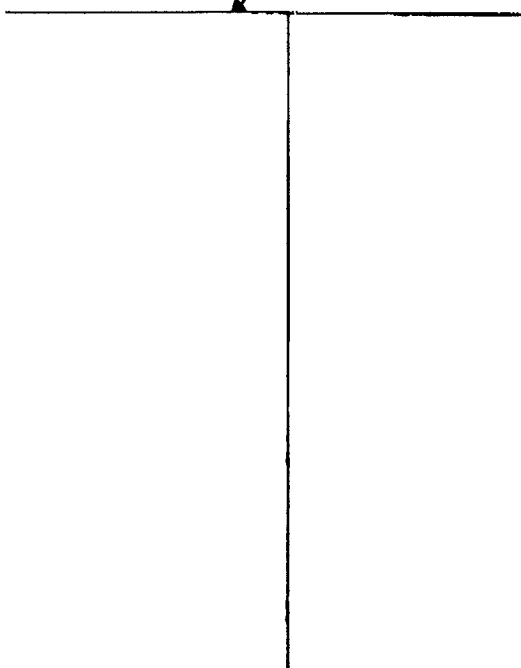
APR 11 2013

BY: OLYMPIA

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

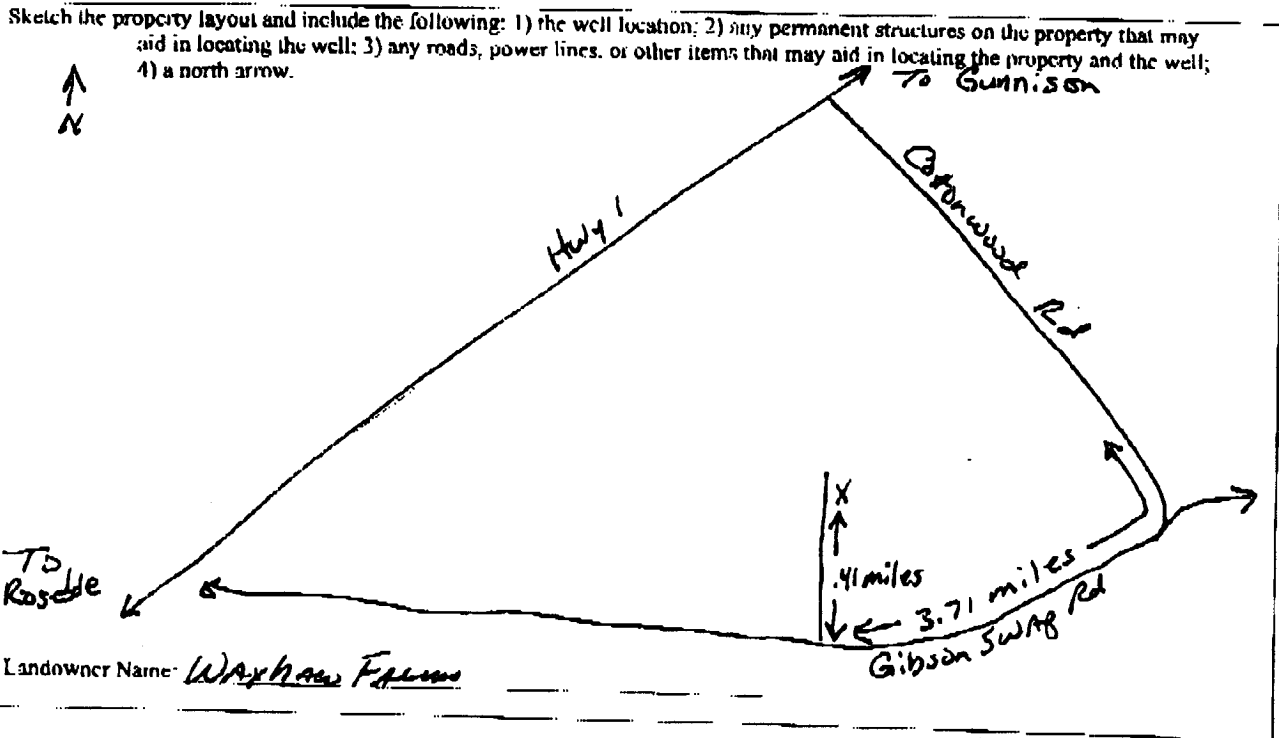
Ground Level →



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)
CLAY	Ground Level	18
Medium Sand	18	32
Clay & Fine Sand	32	41
Medium Sand	41	45
Clay	45	50
Clay & Medium Sand	50	65
Clay	65	68
Medium Sand	68	75
Medium Sand & gravel	75	105
Medium Sand	105	111
Medium Sand & pea gravel & gravel	111	125

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



Form: OI-WR-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.

Print Name of Responsible Licensee and License No. Clayton Miller 0-703 Date 4-11-13

Signature of Licensee Clayton Miller RECEIVED

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BY: OLWR

# 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 #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

County Bolivar  
 Permit # GW-46499  
 Driller John Rabolt IV  
 Date completed: 4-10-13  
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>Waxhaw Farms</u>	Latitude: <u>33° 53' 04.32"</u> Longitude: <u>90° 58' 20.50"</u>
Mailing Address: <u>P.O. Box 518</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Rosedale MS 38767</u>	USGS quad _____, Hand-held GPS <input type="checkbox"/> , Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 25 T24N R08W</u>
Telephone No. <u>(662) 719-5512</u>	Distance <u>3/6</u> Miles Direction _____ of Nearest Town _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>4-10-13</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NOT TESTED</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tap <input type="checkbox"/>
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: <u>N/A</u> 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	

This is for (circle one) New Well Replacement of Existing Pump Repair of Existing Pump **RECEIVED**

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Clayton Miller 0-703 Clayton Miller  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

APR 11 2013

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