

### 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 39225-2309  
 (601)961-5210  
 (601)360-0535 (fax)

#### For Office Use Only:

Well #: C 186  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

County: Bolivar  
 Permit #: GW-47371  
 Driller: Clarene McMurry  
 Date drilling completed: 5-9-13

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.

Well Owner Information (Landowner. If borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Satterfield Circle Farms</u>	Latitude: <u>33° 36' 49"</u> Longitude: <u>90° 55' 21"</u>
Mailing Address: <u>113 Palmer-Satterfield Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
City: <u>Benoit</u> State: <u>MS</u> Zip Code: <u>38725</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
Telephone No. <u>(662) 721-7003</u>	<u>NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ , Sec <u>04</u> T <u>20N</u> R <u>07W</u>
	<u>8.7</u> Miles <u>W</u> of <u>Shaw</u>
	(Distance) (Direction) (Nearest Town)

#### Well / Borehole Data

Date drilling started: 5-9-13 Date drilling completed: 5-9-13 Hole depth: 135' Hole diameter: 26"  
 Location of the source of any surface water used for drilling: nearby ditch using 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 (circle 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 (circle all applicable): Home  ~~Industrial~~  Public Supply  Irrigation  Fish Culture  
 Other (describe): \_\_\_\_\_  
 If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) N/A  
 Static Water Level: 36 feet (above or ~~below~~ land surface) (circle one) Date measured: 5-14-13  
 Method of measurement (circle one): Steel tape  ~~Electric tape~~  Air line  Other (describe): \_\_\_\_\_  
 Well depth: 135' Well grouted to a depth of: 20 feet Type of grout (circle one):  Neat Cement  Bentonite  Mix  
 Casing length: 85 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 85 feet to 135 feet  
 Type of completion (circle all applicable):  gravel packed  Underreamed  Open hole  Natural Development  
 Other (describe): \_\_\_\_\_  
 Top of lap pipe or reduction in casing: N/A feet

If telescoped or more than one screens, describe on next page

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Form: OLWR-SWR-1A(4/13) MAY 17 2013

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 39225-2309  
 (601)961-5210  
 (601) 360-0535 (fax)

#### For Office Use Only:

Well #: C186

Aquifer: \_\_\_\_\_

County: Bolivar  
 Permit #: GW-47371  
 Driller: John Rybolt IV  
 Date completed: 5-14-13  
 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>Satterfield Circle Farms</u>			Latitude: <u>33° 36' 49"</u> Longitude: <u>90° 55' 21"</u>		
Mailing Address: <u>113 Palmer-Satterfield Rd.</u>			Method of Lat/Long (check one): Conventional Survey _____		
City: <u>Beavert</u> State: <u>MS</u> Zip Code: <u>38725</u>			USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____		
Telephone No. <u>(662) 721-7003</u>			<u>NE</u> 1/4 <u>NE</u> 1/4, Sec. <u>04</u> T. <u>20N</u> R. <u>07W</u>		
			<u>8.7</u> Miles <u>W</u> of <u>Shaw</u>		
			(Distance) (Direction) (Nearest Town)		

**Pump Type (circle one)**  
 Submersible  Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
 Date Pump Installed: 5-14-13 Rated Pump Capacity: \_\_\_\_\_ Gallons Per Minute  
 Is This Pump (circle one):  New Repaired Replacement

**Power Type (circle one)**  
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): Gear Drive  
 Horse Power Rating of Motor: 40 Setting Depth: 20 feet Number of Stages: 2

**Pump Test Data for Non Flowing Well**  
 Date Well Tested: NOT TESTED Duration of Pump Test (minimum 4 hours): N/A hours  
 Static Water Level (A): 30 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  
 Method of measurement (circle one): Steel tape  Electric tape Air line Other (describe): N/A

**Pump Test Data for Flowing Well**  
 Measured shut in head: \_\_\_\_\_ feet.  
 Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**  
 Meter Manufacturer: McCrometer Meter Serial Number: 13-03132  
 Meter Model Number/Name: M0308 Type of Meter: Propeller  
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): gal x 101  
 Installation Date: 5-14-13 Meter Installed by: MidSouthWater & Machine Works, LLC  
 Is This Meter (circle one):  New Repaired Replacement  
 Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Clayton Miller 0-703 5-17-13 Clayton Miller  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-90110 RECEIVED

MAY 17 2013

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