

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

For Office Use Only:

Well #: C188
 Aquifer: _____
 C-Log #: _____

County: Bolivar
 Permit #: GW-47415
 Driller: Richard Foster
 Date drilling completed: 5-31-13

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.

#178 Well Owner Information (Landowner if borehole is not for a water well)			Well or Borehole Location		
Owner Name: <u>WAXHAW FARMS</u>			Latitude: <u>N33°54'14.37"</u> Longitude: <u>W90°58'06.94"</u>		
Mailing Address: <u>P.O. Box 518</u>			Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____		
<u>Rosedale</u> City	<u>MS</u> State	<u>38769</u> Zip Code	<u>NW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$, Sec <u>30</u> T <u>24N</u> R <u>07W</u>		
Telephone No. <u>(662) 719-5912</u>			_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)		

Well / Borehole Data					
Date drilling started: <u>5-31-13</u> Date drilling completed: <u>5-31-13</u> Hole depth: <u>127'</u> Hole diameter: <u>26"</u>					
Location of the source of any surface water used for drilling: <u>nearby ditch</u>					
Method of dosing and volume of Chlorine used in drilling and development: _____					
Logs run (circle all applicable): <input checked="" type="checkbox"/> Neutron Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron Other: _____					
Name of organization running log(s): _____					
Purpose of borehole (circle one): <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey Other (describe) _____					
<i>If drilling is not related to water well construction, skip the remainder of this block</i>					
Purpose of Well (circle all applicable): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture					
Other (describe): _____					
If a flowing well, method of flow regulation: Valve _____ Other (describe) <u>N/A</u>					
Static Water Level: <u>19</u> feet [above or below surface] (circle one) Date measured: <u>6-5-13</u>					
Method of measurement (circle one): Steel tape <input checked="" type="checkbox"/> Electric tape Air line Other (describe): _____					
Well depth: <u>127'</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Mix					
Casing length: <u>77</u> feet		Casing diameter: <u>16</u> inches		Type of casing: <u>PVC</u>	
Screen length: <u>50</u> feet		Screen diameter: <u>16</u> inches		Type of screen: <u>PVC</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>77</u> feet to <u>127</u> feet					
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel pack <input type="checkbox"/> Underreamed <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development					
Other (describe): _____					
Top of lap pipe or reduction in casing: <u>N/A</u> feet					
<i>If telescoped or more than one screen, describe on next page</i>					

C188

County: Isoliva
Permit #: GW-47415

For Office Use Only:
Well #: _____

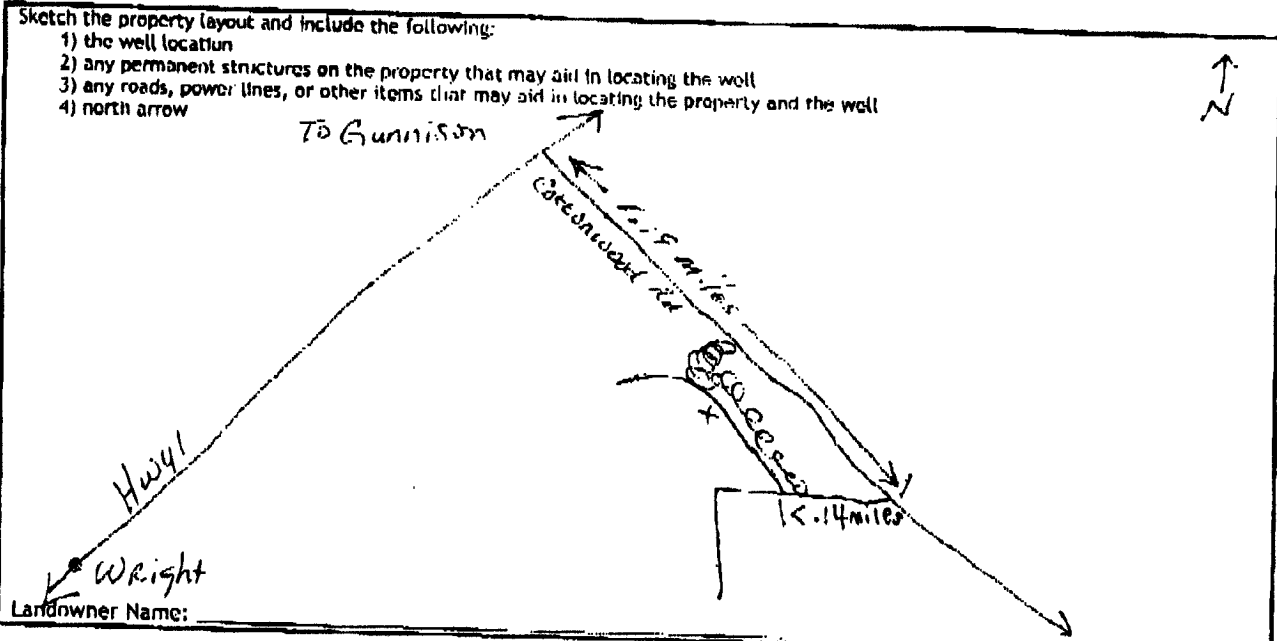
The sketch below only required for water wells
If well telescopes, show depths on sketch.

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

Ground Level

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	61
Fine Sand	61	64
Medium Sand	64	69
Coarse Sand	69	75
Coarse Sand & peagratel	75	127

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



Landowner Name: _____

I HEREBY 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 6-7-13 Clayton Miller
Print Name of Responsible Licensee and License No. Date Signature of Licensee

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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 #: _____

Aquifer: _____

County Bolivar
 Permit #: GW-47415
 Driller: Michael Wells
 Date completed: 6-5-13
 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 in the above address within 30 days of well completion.

Well Owner Information			Well Location		
Owner Name: <u>WAXHAW FARMS</u>			Latitude: <u>N33°54'14.37"</u> Longitude: <u>W90°58'06.94"</u>		
Mailing Address: <u>P.O. Box 518</u>			Method of Lat/Long (check one): Conventional Survey _____		
<u>Rosedale</u>	<u>MS</u>	<u>38769</u>	USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____		
City	State	Zip Code	<u>NW 1/4 NW 1/4, Sec 30 T24N R07W</u>		
Telephone No. <u>(662) 719-5912</u>			_____ Miles _____ of _____ (Distance) (Direction) (Nearest Town)		

Pump Type (circle one): Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 6-5-13 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): _____

Horse Power Rating of Motor: 50 Setting Depth: 70 feet Number of Stages: 1

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): 19 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: _____ Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter Installed by: _____

Is This Meter (circle one): Now 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 6-7-13 Clayton Miller
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer