

STATE WELL REPORT

County: Bolivar
 Permit #: GW-47530
 Driller: Richard Foster
 Date drilling completed: 7-26-13

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 #: C191
 Aquifer: _____
 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.

Well Owner Information (Landowner if borehole is not for a water well) Owner Name: <u>WAXHAW FARMS</u> Mailing Address: <u>P.O. Box 518</u> <u>Rosedale</u> <u>MS</u> <u>38769</u> City State Zip Code Telephone No. <u>(662) 719-5912</u>		Well or Borehole Location Latitude: <u>33° 53' 40.6"</u> Longitude: <u>90° 57' 24.80"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <u>✓</u> , Survey-grade GPS _____ <u>SE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$, Sec. <u>30V</u> T <u>24N</u> R <u>07W</u> <u>3.5</u> Miles <u>8</u> of <u>Gunnison</u> (Distance) (Direction) (Nearest Town)	
---	--	--	--

Well / Borehole Data

Date drilling started: 7-26-13 Date drilling completed: 7-26-13 Hole depth: 123' Hole diameter: 26"

Location of the source of any surface water used for drilling: Hauled 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 (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: 24 feet (above or ~~below~~ land surface) Date measured: 7-29-13
 (circle one)

Method of measurement (circle one): Steel tape ~~Electric tape~~ Air line Other (describe): _____

Well depth: 120' Well grouted to a depth of: 10 feet Type of grout (circle one): ~~Neut Cement~~ Bentonite Mix

Casing length: 70 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 70 feet to 120 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 screen, describe on next page

RECEIVED
 JUL 30 2013
 BY: [Signature]

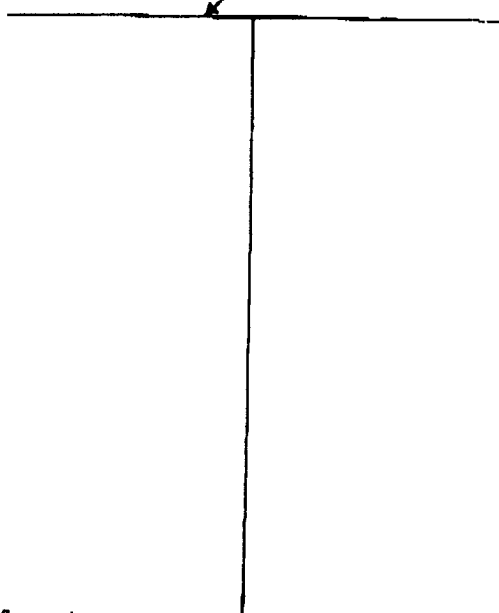
County: BOLIVAR
 Permit #: GW-47530

For Office Use Only:
 Well #: C191

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 \rightarrow

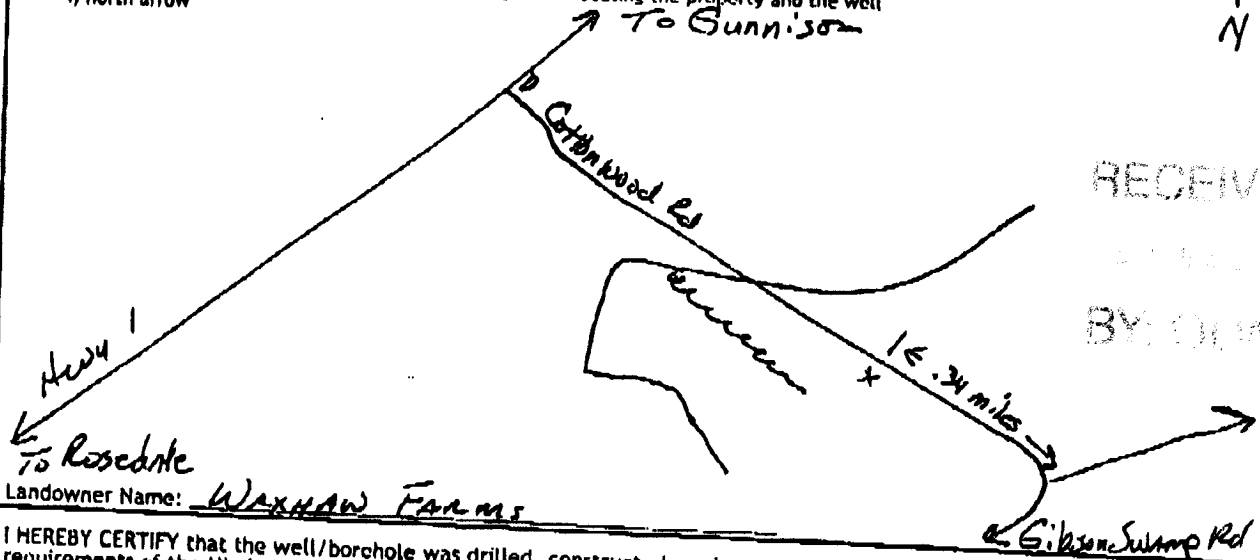


Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	14
Fine Sand	14	22
Fine Sand & Clay	22	39
Medium Sand	39	42
Medium Sand & pea GRAVEL	42	51
Medium/Coarse Sand & pea GRAVEL	51	69
Coarse Sand & GRAVEL	69	82
Medium Sand	82	86
Medium/Coarse & GRAVEL	86	95
Medium Sand	95	101
Medium/Coarse Sand & pea GRAVEL	101	109
Coarse Sand & GRAVEL	109	122
Fine Sand	122	123

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

Sketch the property layout and include the following:

- 1) the well location
- 2) any permanent structures on the property that may aid in locating the well
- 3) any roads, power lines, or other items that may aid in locating the property and the well
- 4) north arrow



RECEIVED
 BY: [Signature]

Landowner Name: WAXHAW FARMS

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 7-31-13 Clayton Miller
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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 #: C191

Aquifer: _____

County: BOLIVAR
 Permit #: BW 47530
 Driller: Michael Wells
 Date completed: 7-29-13
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' 40.6"</u> Longitude: <u>90° 57' 24.80"</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>SE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$, Sec. <u>30</u> T <u>24N</u> R <u>07W</u>		
Telephone No. (662) <u>719-5912</u>			<u>3.5</u> Miles <u>S</u> of <u>Gunnison</u>		
			(Distance) (Direction) (Nearest Town)		

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 7-29-13 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: 60 Setting Depth: 80 feet Number of Stages: 1

Pump Test Data for Non Flowing Well
 Date Well Tested: NOT TESTED Duration of Pump Test (minimum 1 hour): N/A hours
 Static Water Level (A): 24 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): _____

Pump Test Data for Flowing Well N/A
 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): 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 7-31-13 Clayton Miller
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

RECEIVED
 8/2/13