

### STATE WELL REPORT

**For Office Use Only:**

Well #: C193  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

County: Bolivar  
 Permit # SW-47605  
 Driller: Clarence McMurry  
 Date drilling completed: 8-22-13

**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)

*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>#1868 Well Owner Information #2                  (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>WAXHAW FARMS</u>                  Mailing Address: <u>P.O. Box 518</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>33° 55' 21.4"</u> Longitude: <u>90° 58' 32.16"</u></p> <p>Method of Lat/Long (check one): Conventional Survey _____                  USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/>, Survey-grade GPS _____</p> <p><u>SE</u> <sup>SW</sup> <u>1/4</u> <u>SE</u> <sup>SW</sup> <u>1/4</u>, Sec <u>13</u> - T <u>24N</u> R <u>08W</u></p> <p><u>2.35</u> Miles <u>SW</u> of <u>GUNNISON</u>                  (Distance) (Direction) (Nearest Town)</p>
<p><u>Rosedale</u> <u>MS</u> <u>38269</u>                  City State Zip Code</p> <p>Telephone No. <u>(662) 719-5912</u></p>	

**Well / Borehole Data**

Date drilling started: 8-22-13 Date drilling completed: 8-22-13 Hole depth: 125' Hole diameter: 26"

Location of the source of any surface water used for drilling: Hauled 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) \_\_\_\_\_

Static Water Level: 20 feet (above or below) and surface (circle one) Date measured: 8-23-13

Method of measurement (circle one): Steel tape  Electric tape  Air line Other (describe): \_\_\_\_\_

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: .050 inches Setting depth: From 75' feet to 125' 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*

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

#### For Office Use Only:

Well #: 0192

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

County: Bolivar  
 Permit #: 610-47605  
 Driller: John Rybolt IV  
 Date completed: 8-23-13  
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 #2		Well Location	
Owner Name: <u>WAX HAW Farms</u>		Latitude: <u>33° 55' 21.44"</u>	Longitude: <u>90° 58' 37.16"</u>
Mailing Address: <u>P.O. Box 518</u>		Method of Lat/Long (check one): Conventional Survey _____	
<u>Rosedale</u> MS <u>38769</u>		USGS quad _____	Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code		<u>SE 1/4 SE 1/4, Sec 13 T.24N R.08W</u>	
Telephone No. <u>(662) 719-5912</u>		<u>2.35</u> Miles (Distance)	<u>SW</u> of <u>Summison</u> (Direction) (Nearest Town)

**Pump Type (circle one)**

Submersible  Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_

Date Pump Installed: 8-23-13 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: 70 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): 20 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**

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 8-29-13 Clayton Miller

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer