

State Well Report Part I - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2307
Jackson, MS 39225
(601)961 5210
(601)961 5228 (fax)

County: Bolivar
 Permit #: GW-44660
 Driller: Clarence McMurtry
 Date drilling completed: 2-17-11

For Office Use Only:
 Aquifer: D 127
 Well #: _____
 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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Larry Bramuchi Farms</u> Mailing Address: <u>1215 South Fifth Avenue</u> <u>Cleveland MS 38732</u> City State Zip Code Telephone No. <u>(662) 719-7053</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>N33° 56' 15.75"</u> Longitude: <u>W90° 45' 59.18"</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad: <u>Hand-held GPS</u> Survey-grade GPS <u>NE 1/4 NE 1/4 Sec 12 Twn 24N Rng 6W</u> Distance Direction Nearest Town <u>1 Miles South of Shelby</u></p>
--	---

Well / Borehole Data

Date drilling started: 2-17-11 Date drilling completed: 2-17-11 Hole depth: 115' Hole diameter: 22"

Location of the source of any surface water used for drilling: near by ditch
 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): _____

Static Water Level: 41 feet above of below (circle one) land surface Date measured: 2-18-11

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

Well depth: 115' Well grouted to a depth of 10 feet Type of grout (circle one) Best Cement Bentonite Mix

Casing length: 61 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 54 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 61 feet to 101 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped 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*

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)

County: Bolivar
 Permit #: GW-44660
 Driller: John Rybolt IV
 Date completed: 2-18-11
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: D177
 Elevation: _____

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>Larry Bramuchi Farms</u>	Latitude: <u>N33°56'15.75"</u> Longitude: <u>W90°45'59.88"</u>
Mailing Address: <u>1215 South Fifth Avenue</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <u>Y</u> Survey-grade GPS _____
<u>Cleveland MS 38232</u> City State Zip Code	<u>1/4</u> <u>1/4</u> Sec. <u>18</u> T. <u>24N</u> R. <u>5W</u>
Telephone No. <u>(662) 719-7053</u>	Distance Direction Nearest Town <u>1</u> Miles <u>South</u> of <u>Shelby</u>

Pump Type
Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____

Date Pump Installed: 2-18-11

Rated Pump Capacity: _____ Gallons Per Minute

Power Type
Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____

Horse Power Rating of Motor: 20

Setting Depth: 80 feet

Number of Stages: 1

Pump Test Data

Date Well Tested: NOT TESTED

Static Water Level (A): 41 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

Duration of Pump Test (minimum 4 hours): N/A hours

Method of Measuring Water Level
Circle one

Ar Line Electric Measuring Line Steel Tape

Other (specify): _____

For flowing well, measured shut in head: N/A feet

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

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