

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 #: D196
 Aquifer: _____
 E-Log #: _____

County: Bolivar
 Permit #: GW-48555
 Driller: Clarence McMurry
 Date drilling completed: 11-5-14

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>Allendale Planting Co</u> Mailing Address: <u>P.O. Box 26</u>		Well or Borehole Location Latitude: <u>33° 58' 25.78"</u> Longitude: <u>90° 47' 4.62"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____ <u>SE 1/4 NE 1/4 Sec 02 T 21N R 06W</u> <u>1.86</u> Miles <u>NW</u> of <u>Shelby</u> (Distance) (Direction) (Nearest Town)	
<u>Shelby</u> City	<u>MS</u> State	<u>38774</u> Zip Code	
Telephone No. <u>(662) 721-0146</u>			

Well / Borehole Data

Date drilling started: 11-5-14 Date drilling completed: 11-5-14 Hole depth: 125' Hole diameter: 26"
 Location of the source of any surface water used for drilling: Ditch 200' AWAY
 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: 39 feet [above or below] (circle one) and surface Date measured: 12-1-14
 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): Best 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: .05-0 inches Settling depth. From 75' feet to 125' feet
 Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development
 Other (describe): _____
 Top of tap pipe or reduction in casing: N/A feet
If telescoped or more than one screen, describe on next page

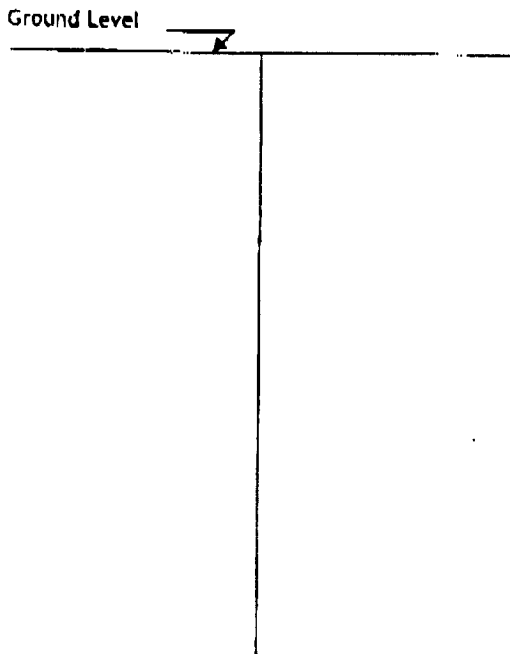
County: Bolivar
Permit #: GW-48555

For Office Use Only:
Well #: D196

The sketch below only required for water wells

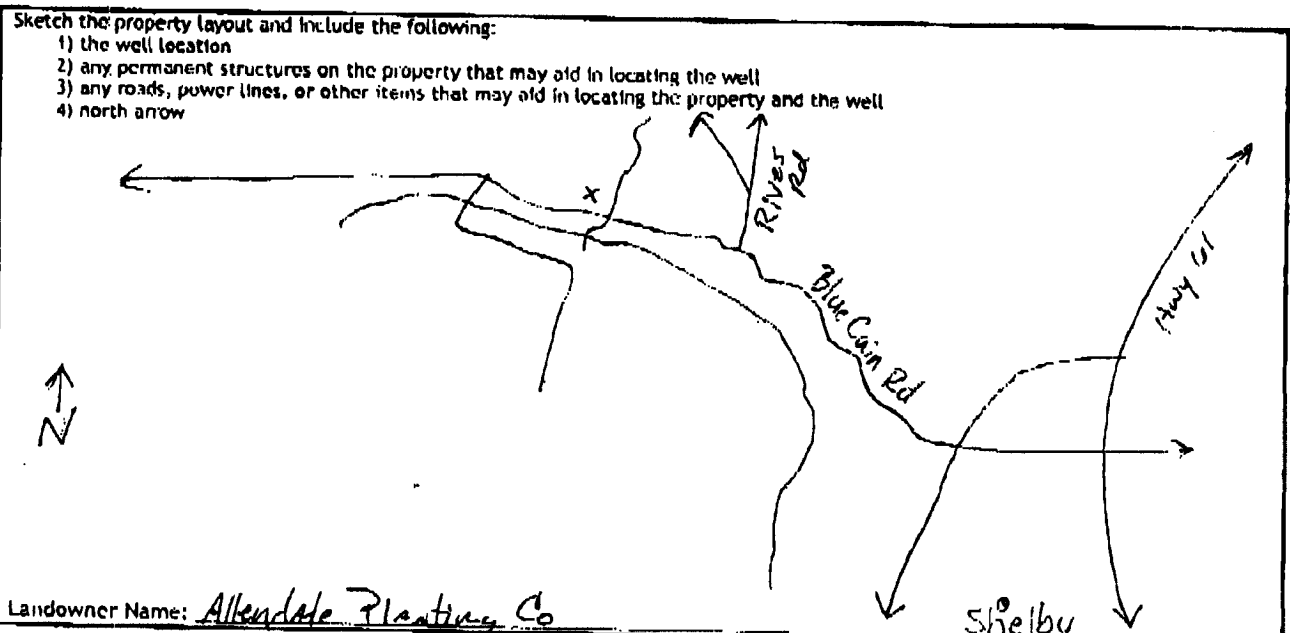
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth) Ground level	To (depth)
<u>Clay</u>		<u>53</u>
<u>Medium Sand</u>	<u>53</u>	<u>77</u>
<u>Medium / Coarse Sand & Gravel</u>	<u>77</u>	<u>97</u>
<u>Medium Sand</u>	<u>97</u>	<u>107</u>
<u>Medium / Coarse Sand & Gravel</u>	<u>107</u>	
<u>Coarse Sand & Gravel</u>	<u>108</u>	<u>125</u>

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



Landowner Name: Albendale Planting Co

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 12-5-14 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 #: D194

Aquifer: _____

County: Bolivar
 Permit #: GW-48555
 Driller: David Cenedy
 Date completed: 12-1-14
 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>Allendale Planting Co</u>	Latitude: <u>33° 58' 25.78"</u>		Longitude: <u>90° 47' 4.62"</u>		
Mailing Address: <u>P.O. Box 26</u>	Method of Lat/Long (check one): Conventional Survey _____		USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____		
<u>Shelby</u> City	<u>MS</u> State	<u>38774</u> Zip Code	<u>S1E 1/4 N1E 1/4 Sec 02 T. 24N R 06W</u>		
Telephone No. <u>(662) 721-0146</u>	<u>1.86</u> Miles <u>NW</u> of <u>Shelby</u>		(Distance) (Direction) (Nearest Town)		

Pump Type (circle one)

Submersible Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 12-1-14 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): Gen Drive

Horse Power Rating of Motor: 40 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 1 hour): N/A hours

Static Water Level (A): 39 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 12-5-14 Clayton Miller
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer