

State Well Report Part 1 - 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 #: _____
 Driller: Clarence Mc Murry
 Date drilling completed: 5-25-10

For Office Use Only:
 Aquifer: E 182
 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.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Sanders Farms</u>	Latitude: <u>33° 54' 41.3"</u> Longitude: <u>90° 39' 59.73"</u>
Mailing Address: <u>P.O. Box 223</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Mound Bayou MS 38762</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS <u>SE 1/4 SW 1/4 Sec 24 T12N R11E Rng 5W</u>
Telephone No. <u>(662) 741-2321</u>	Distance: <u>4</u> Miles Direction: <u>NE</u> of Nearest Town: <u>Mound Bayou</u>

Well / Borehole Data

Date drilling started: 5-25-10 Date drilling completed: 5-25-10 Hole depth: 115 Hole diameter: 22"

Location of the source of any surface water used for drilling: nearby ditch

Method of dosing and volume of Chlorine used in drilling and development: N/A

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) N/A

Static Water Level: 45' feet above or below (circle one) land surface Date measured: 5-31-10

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

Well depth: 114' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 74 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 74 feet to 114 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

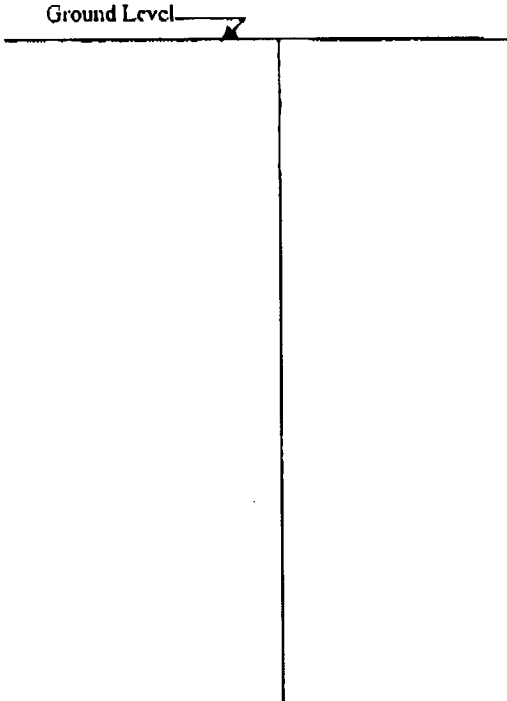
Other (describe): _____

Top of lap pipe or reduction in casing: N/A feet. *If telescoped or more than one screen, describe on next page*

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The sketch below only required for water wells

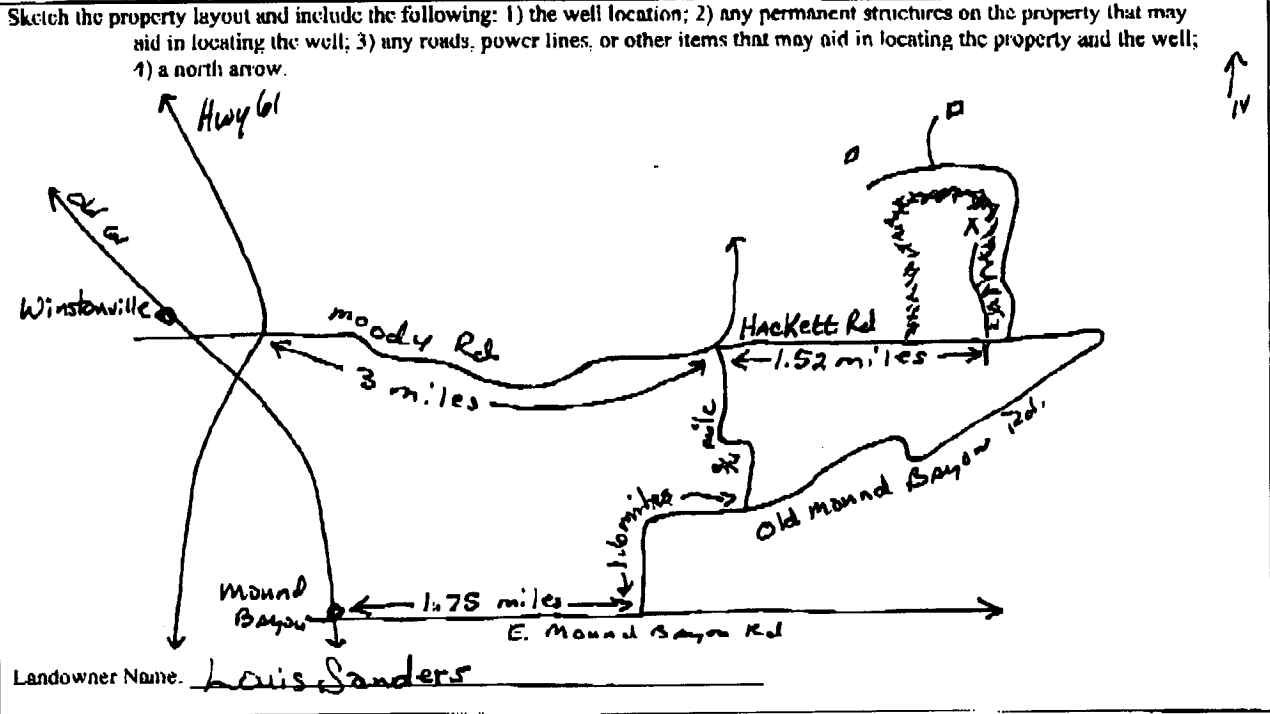
If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	25
Clay & Fine Sand	25	33
Medium Sand	33	40
Medium & Coarse Sand and Gravel	40	63
Med. Coarse Sand & Gravel & Clay	63	71
Med. Coarse Sand & Gravel	71	95
Coarse Sand & Gravel	95	115

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



Form: OI-WR-SWR-1A (04/08)

I 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 6-1-10 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
 (601)961-5210
 (601)961-5228 (fax)

County: Bolivar
 Permit #: _____
 Driller: Jack D Griffin
 Date completed: 5-31-10
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: _____
 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>Sanders Farms</u>	Latitude: <u>N33° 54' 44.13"</u> Longitude: <u>W 90° 39' 59.73"</u>
Mailing Address: <u>P.O. Box 223</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Mound Bayou MS 38762</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>24</u> T <u>24N</u> R <u>5W</u>
Telephone No. (<u>662</u>) <u>741-2321</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>NE</u> of <u>Mound Bayou</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>5-31-10</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>1200</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NOT TESTED</u>	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>45</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	Well yielded <u>N/A</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	

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)

Clayton Miller
 Signature of Pump Installer