

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
 (601)961- 5210
 (601)961- 5228 (fax)

County: Bolivar
 Permit #: GW-46388 ✓
 Driller: Clarence McMurry
 Date drilling completed: 7-5-12

For Office Use Only:
 Aquifer: _____
 Well #: E193
 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 align="center">Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Joyce Pites</u> Mailing Address: <u>696 Brainger Dorsey Rd</u> <u>Mount Bayou MS 38762</u> City State Zip Code Telephone No. <u>(662) 719-0474</u></p>	<p align="center">Well or Borehole Location</p> <p>Latitude: <u>33° 56' 15"</u> Longitude: <u>90° 43' 09"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <u>NE 1/4 NW 1/4 Sec 16 Twn 27N Rng 05W</u> Distance _____ Direction _____ Nearest Town _____ _____ Miles _____ of _____ <u>#1630 well #1</u></p>
Well / Borehole Data	
Date drilling started: <u>7-5-12</u> Date drilling completed: <u>7-5-12</u> Hole depth: <u>125'</u> Hole diameter: <u>22"</u> Location of the source of any surface water used for drilling: <u>nearby ditch</u> Method of dosing and volume of Chlorine used in drilling and development: _____ Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): _____ Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____ If a flowing well, method of flow regulation: Valve _____ Other (describe) <u>n/a</u> Static Water Level: <u>44</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>7-7-12</u> Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____ Well depth: <u>125'</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one) <u>Neat Cement</u> Bentonite Mix Casing length: <u>85</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>PVC</u> Screen length: <u>40</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>.050</u> inches Setting depth: From <u>85</u> feet to <u>125</u> feet Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____ Top of lap pipe or reduction in casing: <u>n/a</u> feet <i>If telescoped or more than one screen, describe on next page</i>	

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-46388
 Driller: John Rybolt IV
 Date completed: 7-7-12
Copy Information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: E193
 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>Joyce Pitts</u>	Latitude: <u>33° 56' 15"</u> Longitude: <u>90° 43' 05"</u>
Mailing Address: <u>696 Garinger Dorsey Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Meridian, MS</u> <u>38762</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>16</u> T <u>24N</u> R <u>05W</u>
Telephone No. <u>(662) 719-0474</u>	Distance _____ Direction _____ Nearest Town _____
	Miles of _____

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/>	Diesel Engine <input type="checkbox"/>
Jet <input checked="" type="checkbox"/> <u>Submersible</u>	Gasoline Engine <input type="checkbox"/>
Bucket <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
Piston <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" type="checkbox"/>
Turbine <input type="checkbox"/>	Hand <input type="checkbox"/>
Centrifugal <input type="checkbox"/>	Tractor PTO <input type="checkbox"/>
Rotary <input type="checkbox"/>	Windmill <input type="checkbox"/>
Flowing Well <input type="checkbox"/>	Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>7-7-12</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>NOT TESTED</u>	Circle one
Static Water Level (A): <u>44</u> Feet Below Land Surface	Air Line <input type="checkbox"/>
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	<u>Electric Measuring Line</u> <input checked="" type="checkbox"/>
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	Steel Tape <input type="checkbox"/>
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	Other (specify): _____
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	For flowing well, measured shut in head: <u>N/A</u> feet
	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

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