

# 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 #: E237  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

County: Bolivar  
 Permit #: GW-50535 ✓  
 Driller: Jonathan Gordon  
 Date drilling completed: 3-22-19

*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 <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Only Boy Farms</u>	Latitude: <u>33 53 14</u> Longitude: <u>90 39 28</u>
Mailing Address: <u>P.O. Box 11</u>	Method of Lat/Long (check one): Conventional Survey _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Shelby</u> MS <u>38774</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>SE</u> <sup>NE</sup> <u>1/4</u> <u>SE</u> <sup>NE</sup> <u>1/4</u> , Sec <u>36</u> T <u>24N</u> R <u>05W</u>
Telephone No. (662) <u>588-1796</u>	<u>4</u> Miles <u>East</u> of <u>Mound Bayou</u> (Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 3-22-19 Date drilling completed: 3-22-19 Hole depth: 115 Hole diameter: 26"

Location of the source of any surface water used for drilling: Existing 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: 45 feet [above or  below] land surface Date measured: 3-23-19  
(circle one)

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

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

Casing length: 65 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 65 feet to 115 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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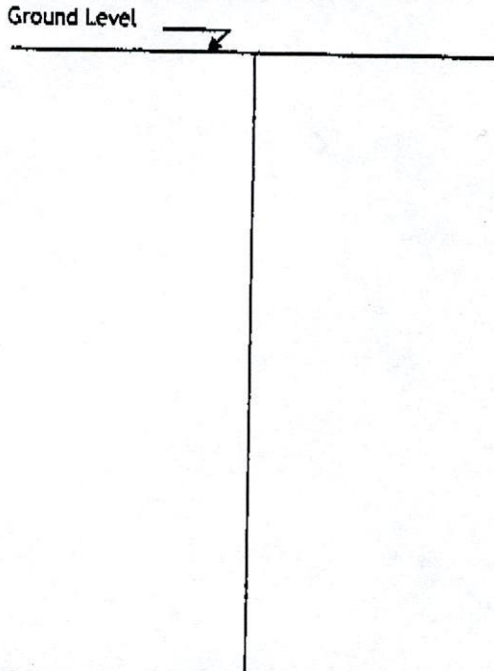


County: Bolivar  
Permit #: GW-50535

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Well #: E237

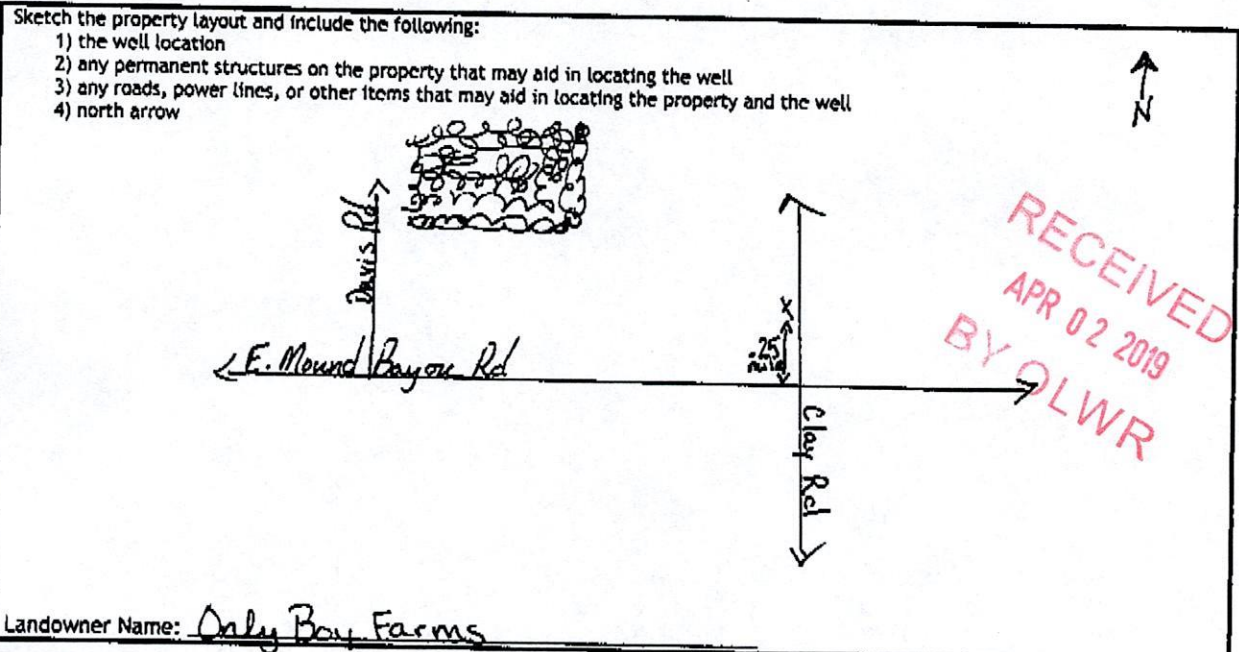
The sketch below only required for water wells  
If well telescopes, show depths on sketch.

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)
Top Soil + Clay	Ground level	15'
Medium Sand	15	25
Medium Sand	25	35
Coarse Sand	35	45
Coarse Sand	45	55
Coarse Sand	55	65
Coarse Sand + Gravel	65	75
Coarse Sand + Gravel	75	85
Coarse Sand + Gravel	85	95
Coarse Sand + Gravel	95	105
Coarse Sand	105	115

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



Landowner Name: Only Bay Farms

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.

Peyton Overstreet 00008026 4-2-19 Peyton Overstreet  
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 #: E237

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

County: Bolivar  
 Permit #: GW-50535  
 Driller: Jonathan Gordon  
 Date completed: 3-23-19  
*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>Only Boy Farms</u>	Latitude: <u>33 53.14</u>	Longitude: <u>90 39 28</u>			
Mailing Address: <u>P.O. Box 11</u>	Method of Lat/Long (check one): Conventional Survey <u>30</u>				
<u>Shelby</u> City	<u>MS</u> State	<u>38774</u> Zip Code	USGS quad _____	Hand-held GPS _____	Survey-grade GPS _____
Telephone No. <u>(662) 588-1796</u>			<u>NE</u> 1/4 <u>SE</u> 1/4, Sec <u>36</u> T <u>24N</u> R <u>5W</u>		
			Miles _____ of _____	(Distance) (Direction) (Nearest Town)	

**Pump Type (circle one)**  
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
 Date Pump Installed: 3-23-19 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): Gear Drive  
 Horse Power Rating of Motor: 60 Setting Depth: 80 feet Number of Stages: 1

**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): 45 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: N/A  
 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.*

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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Payton Overstreet 00008026 4-2-19 Payton Overstreet  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer