

#1111

County: Bolivar  
 Permit #: 43640  
 Driller: Clarence McMurry  
 Date drilling completed: 11-20-09

**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)981-5210  
 (601)981-5228 (fax)

For Office Use Only:  
 Aquifer \_\_\_\_\_  
 Well #: F269  
 L.S. Elevation \_\_\_\_\_  
 F-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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Split Tree Farm, LLC</u>	Latitude: <u>N 33° 49' 0.27"</u> Longitude: <u>W 90° 54' 54.9"</u>
Mailing Address: <u>469 Dattel Rd.</u>	Method of Lat/Long (circle one): Conventional Survey
<u>Rosedale</u> <u>MS</u> <u>38769</u>	USGS quad, <u>hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SE 1/4 NW 1/4 Sec 27 - Twn 9N Rng 7W</u>
Telephone No. <u>(662) 721-8025</u>	<u>23N</u>
	Distance Direction Nearest Town
	<u>7</u> Miles <u>SE</u> of <u>Rosedale</u>

**Well / Borehole Data**

Date drilling started: 11-20-09 Date drilling completed: 11-20-09 Hole depth: 147' Hole diameter: 36"

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) N/A

Static Water Level: 36 feet above or below (circle one) land surface Date measured: 11-24-09

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

Well depth: 145 Well grouted to a depth of 10 feet Type of grout (circle one): Best Cement Bentonite Mix

Casing length: 96 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 49 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth From 96 feet to 145 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*

RECEIVED

DEC 15 2009

YMD JOINT WATER MANAGEMENT DISTRICT



### 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 11-24-09  
 Copy information from block on Part 1

For Office Use Only:  
 Annular \_\_\_\_\_  
 Well # F269  
 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>Split Tree Farms LLC</u> Mailing Address: <u>469 Dattell Rd</u> <u>Rosedale MS 38769</u> City State Zip Code Telephone No. <u>(662) 721-8025</u>	Latitude: <u>N33° 49' 00.27"</u> Longitude: <u>W90° 54' 34.99"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ _____ 1/4 Sec <u>27 T 9N R 7W</u> _____ 23N Distance Direction Nearest Town <u>7</u> Miles <u>SE</u> of <u>Rosedale</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet _____ Submersible _____ Bucket: Piston _____ <u>Turbine</u> _____ Centrifugal: Rotary _____ Flowing Well _____ Other (specify): _____ Date Pump Installed: <u>11-24-09</u> Rated Pump Capacity: <u>2000</u> Gallons Per Minute	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____ <u>Electric Motor</u> _____ Hand _____ Tractor PTO _____ Windmill _____ Other (specify): _____ Horse Power Rating of Motor: <u>40</u> Setting Depth: <u>60</u> feet Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NOT TESTED</u> Static Water Level (A): <u>36</u> Feet Below Land Surface Pumping Water Level (B): <u>61</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>25</u> Feet Below Land Surface Test Pumping Rate: <u>N/A</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	Air Line _____ <u>Electric Measuring Line</u> _____ Steel Tape _____ Other (specify): _____ For flowing well, measured shut in head: <u>N/A</u> 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)

Clayton Miller  
 Signature of Pump Installer