

### STATE WELL REPORT

#### Part I

#### 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 #: F 280  
 Aquifer: \_\_\_\_\_  
 E-Log #: \_\_\_\_\_

County: Bolivar  
 Permit #: GW-88347  
 Driller: Richard Foster  
 Date drilling completed: 6-6-14

*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.*

<b>Well Owner Information</b> (Landowner if borehole is not for a water well) Owner Name: <u>Brad Barr</u> Mailing Address: <u>954 Mound City Rd</u> <u>P.O. Box 954</u> <u>Berlin</u> MS <u>38726</u> City State Zip Code Telephone No. <u>(662) 721-7035</u>	<b>Well or Borehole Location</b> Latitude: <u>33° 42' 32.79"</u> Longitude: <u>90° 55' 32.02"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____ <u>SW</u> 1/4 <u>SE</u> 1/4, Sec <u>33</u> T <u>23N</u> R <u>07W</u> <u>3.93</u> Miles <u>West</u> of <u>Pace</u> (Distance) (Direction) (Nearest Town)
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**Well / Borehole Data**

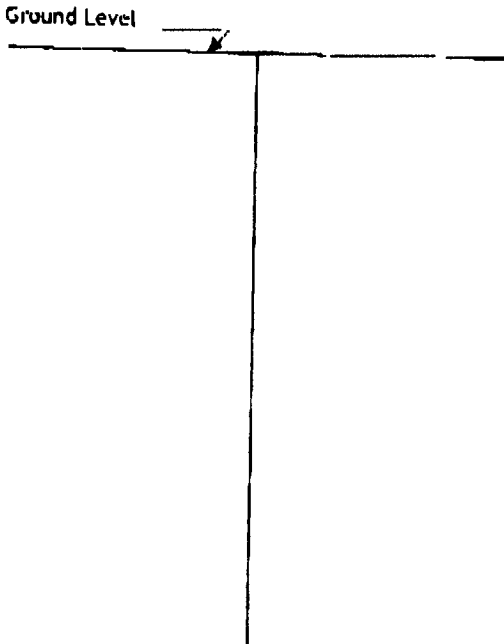
Date drilling started: 6-6-14 Date drilling completed: 6-6-14 Hole depth: 135' Hole diameter: 26"  
 Location of the source of any surface water used for drilling: Neighbory well  
 Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_  
 Logs run (circle all applicable): 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: 32 feet [above or below] land surface Date measured: 6-7-14  
 (circle one)  
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): \_\_\_\_\_  
 Well depth: 135' Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 81 feet Casing diameter: 16 inches Type of casing: PVC  
 Screen length: 54 feet Screen diameter: 16 inches Type of screen: PVC  
 Screen slot size: .050 inches Setting depth: From 81 feet to 135 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*

County: Bolivar  
Permit #: GW-48347

For Office Use Only:  
Well #: F 280

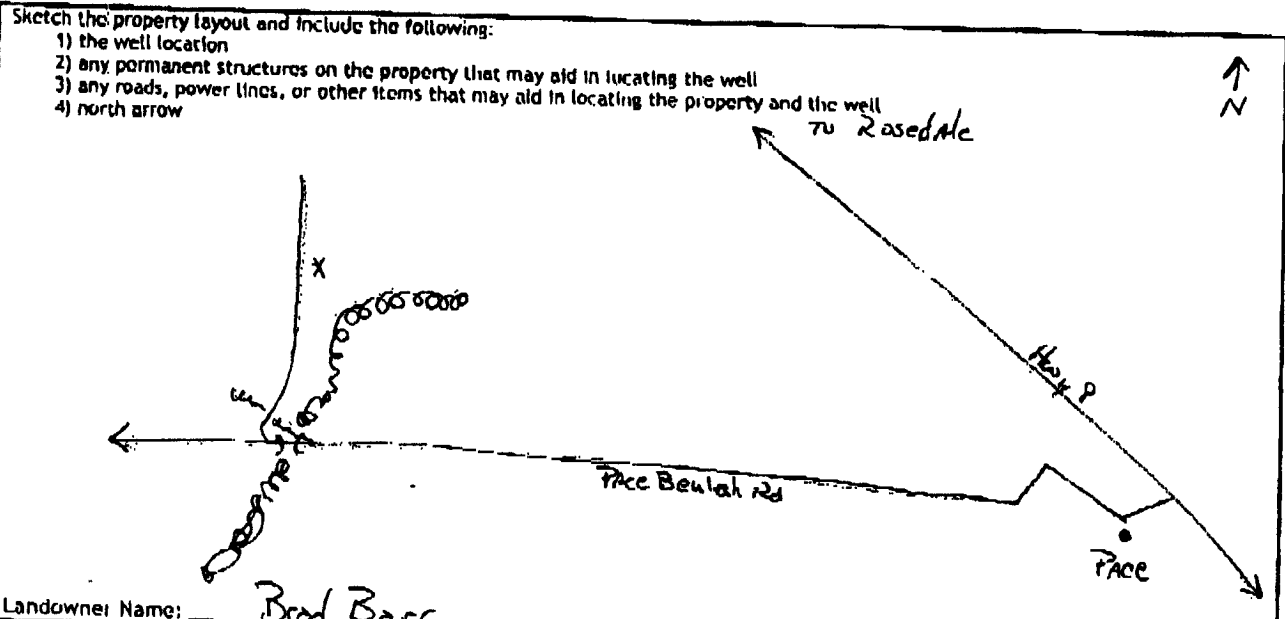
The sketch below only required for water wells  
If well telescopes, show depths on sketch.

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	Ground level	15
Clay	15	25
Fine Sand	25	31
Medium Sand	31	45
Medium Sand & Pea Gravel	45	55
Pea Gravel	55	65
Pea Gravel & Gravel	65	75
Fine Sand	75	78
Medium Sand & Pea Gravel	78	135

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



Landowner Name: Brad Bacc

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 6-10-14 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)

<b>For Office Use Only:</b>	
Well #:	<u>F280</u>
Aquifer:	_____

County:	<u>Bolivar</u>
Permit #:	<u>GW-48347</u>
Driller:	<u>John Rybolt IV</u>
Date completed:	<u>6-7-14</u>
<i>Copy information from block on Part 1</i>	

*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>Bred Barr</u>		Latitude:	<u>33° 47' 32.79"</u>	
Mailing Address:	<u>954 Mound City Rd</u>		Longitude:	<u>90° 55' 32.02"</u>	
<u>P.O. Box 954</u>			Method of Lat/Long (check one):	Conventional Survey _____	
<u>Beulah</u>	<u>MS</u>	<u>38726</u>	USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____		
City	State	Zip Code	<u>SW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ , Sec <u>23</u> T <u>33N</u> R <u>07W</u>		
Telephone No. <u>(662) 721-7035</u>			<u>3.93</u> Miles <u>West</u> of <u>Pace</u>		
			(Distance) (Direction) (Nearest Town)		

**Pump Type (circle one)**

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_

Date Pump Installed: 6-7-14 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): \_\_\_\_\_

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): 32 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 6-10-14 Clayton Miller

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer