

STATE WELL REPORT

County: Boliver
 Permit #: GW-46744
 Driller: Clarence McMurry
 Date drilling completed: 2-11-15

Part I
 Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P. O. Box 2309
 Jackson, MS 39275-2309
 (601)961-5210
 (601)360-0535 (fax)

For Office Use Only:
 Well #: F283
 Aquifer: _____
 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.

Well Owner Information (Landowner if borehole is not for a water well)		Well or Borehole Location	
Owner Name: <u>Terry Russell Farms</u>		Latitude: <u>33° 47' 42"</u> Longitude: <u>90° 58' 55"</u>	
Mailing Address: <u>1809 Duthie Park Court</u>		Method of Lat/Long (check one): Conventional Survey _____	
City: <u>Saint Johns</u> State: <u>FL</u> Zip Code: <u>32259</u>		USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
Telephone No. <u>(407) 219-7625</u>		<u>NE 1/4 SW 1/4, Sec 35 T 23N R 07W</u>	
		<u>2.24</u> Miles <u>West</u> of <u>Peace</u>	
		(Distance) (Direction) (Nearest Town)	

Well / Borehole Data

Date drilling started: 2-11-15 Date drilling completed: 2-11-15 Hole depth: 121' Hole diameter: 26"

Location of the source of any surface water used for drilling: Hauled water from 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 (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: 39 feet (above or below land surface (circle one)) Date measured: 3-30-15

Method of measurement (circle one): Steel tape ~~Electric tape~~ Air line Other (describe): _____

Well depth: 121' Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 71 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 71 feet to 121 feet

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

Other (describe): _____

Top of tap pipe or reduction in casing: N/A feet

If telescoped or more than one screen, describe on next page

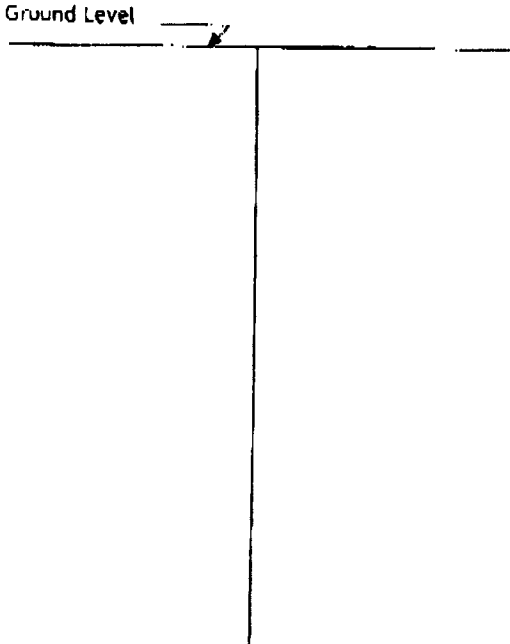
County: Boliver
Permit #: GW-46744

For Office Use Only:
Well #: F 283

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

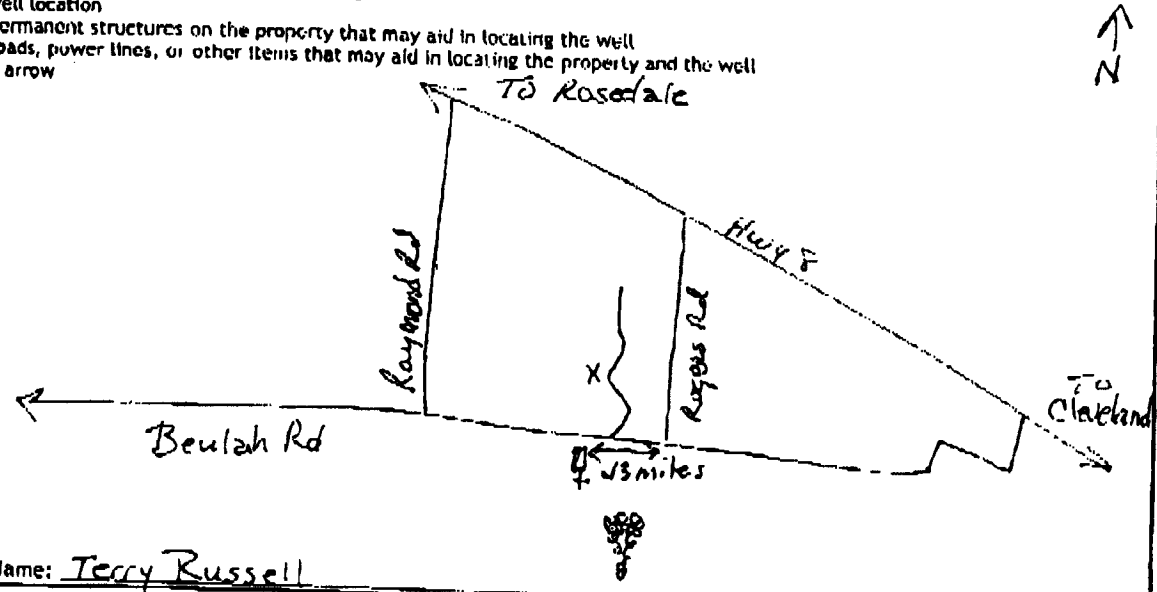


Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	14
Clay & Fine Sand	14	20
Fine Sand	20	25
Fine Sand	25	35
Medium Sand & Pea Gravel	35	52
Pea Gravel & Medium Sand	52	79
Medium Sand & Pea Gravel	79	94
Gravel & Pea Gravel	94	111
Medium Sand	111	121

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

Sketch the property layout and include the following:

- 1) the well location
- 2) any permanent structures on the property that may aid in locating the well
- 3) any roads, power lines, or other items that may aid in locating the property and the well
- 4) north arrow



Landowner Name: Terry Russell

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 4-2-15 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)

For Office Use Only:

Well #: E 283

Aquifer: _____

County: Bolivar
 Permit #: GW-46744
 Driller: John Rybolt IV
 Date completed: 3-30-15
 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>Terry Russell Farms</u>			Latitude: <u>33° 47' 42"</u> Longitude: <u>90° 53' 55"</u>		
Mailing Address: <u>1809 Durhie Park Court</u>			Method of Lat/Long (check one): Conventional Survey _____		
City: <u>Saint Johns</u> State: <u>FL</u> Zip Code: <u>32259</u>			USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
Telephone No. <u>(662) 719-7625</u>			N/E 1/4 SW 1/4, Sec <u>35</u> T <u>23N</u> R <u>07W</u>		
			<u>2.24</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: 3-30-15 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): Customer's 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): 39 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 N/A
 Measured shut in head: _____ feet.
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation
 Meter Manufacturer: McCrometer Meter Serial Number: 14-09633
 Meter Model Number/Name: M0310 Type of Meter: saddle mount
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): gal x 1000
 Installation Date: 3-30-15 Meter Installed by: Mid South Water, LLC
 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 4-2-15 Clayton Miller
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer