

State Well Report

Part 1 - 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)961-5228 (fax)

County: Bolivar
 Permit #: GW44945
 Driller: Clarence McMurry
 Date drilling completed: 4-23-11

For Office Use Only:
 Aquifer: 6 257
 Well #: _____
 L. S. Elevation _____
 D-log #: _____

State Law requires that this report be prepared by the licensee 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)

Owner Name: Wheeler Farm
 Mailing Address: 632 Oswalt Road
Merigold MS 38759
 City State Zip Code
 Telephone No: (662) 721-0412

Well or Borehole Location

Latitude: N33° 48' 14.51" Longitude: W90° 48' 22.45"
 Method of T at/Long (circle one): Conventional Survey,
 U/GS quad, Hand-held GPS, Survey-grade GPS ✓
NW 1/4 Sec 34 Twn 23N Rng 4W
 Distance: 2.59 Miles Direction: NE of Nearest Town: FACE

Well / Borehole Data

Date drilling started: 4-23-11 Date drilling completed: 4-23-11 Hole depth: 126' Hole diameter: 26"
 Location of the source of any surface water used for drilling: Nearby 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 (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: 40 feet above or below (circle one) land surface Date measured: 4-29-11
 Method of Measurement (circle one) steel pipe electric tape air line other: _____
 Well depth: 126' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 66 feet Casing diameter: 16 inches Type of casing: PVC
 Screen length: 60 feet Screen diameter: 16 inches Type of screen: PVC
 Screen slot size: .050 inches Setting depth. From 66 feet to 126 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*

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)961-5728 (fax)

County: Bolivar
 Permit #: _____
 Driller: John Rybolt IV
 Date completed: 4-29-11
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: G257
 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>Wheeler Farms</u> | Latitude: <u>N33°48'14.51"</u> Longitude: <u>W90°48'52.45"</u> |
| Mailing Address: <u>632 Oswalt Rd.</u> | Method of Lat/Long (check one): Conventional Survey _____ |
| <u>Merigold</u> <u>MS</u> <u>38759</u> | USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ |
| City State Zip Code | _____ 1/4 _____ 1/4 Sec <u>34</u> T <u>23N</u> R <u>6W</u> |
| Telephone No. (<u>662</u>) <u>721-0412</u> | Distance Direction Nearest Town |
| | <u>2.57</u> Miles <u>NE</u> of <u>PACE</u> |

| Pump Type Circle one | Power Type Circle one |
|---|---|
| Air Lift Jet <input checked="" type="radio"/> Submersible | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | Electric Motor Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>40</u> |
| Date Pump Installed: <u>4-29-11</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 Circle one |
|---|---|
| Date Well Tested: <u>NOT TESTED</u> | Air Lift <input checked="" type="radio"/> Electric Measuring Pipe Steel Tape |
| Static Water Level (A): <u>40</u> Feet Below Land Surface | Other (specify): _____ |
| Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface | For flowing well, measured shut in head: <u>N/A</u> feet |
| Drawdown (B)-(A): <u>N/A</u> Feet Below Land Surface | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping |
| Test Pumping Rate: <u>N/A</u> Gallons Per Minute | |
| Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours | |

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