

**FAXED**  
11-24-15

### 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 #: 6282  
Aquifer: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Bolivar  
Permit #: GW-49162  
Driller: Clearence McMurry  
Date drilling completed: 11-11-15

*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>Pemble Farm Partnership II</u>		Latitude: <u>33° 50' 50.51"</u> Longitude: <u>90° 48' 51.59"</u>	
Mailing Address: <u>P.O. Box 428</u>		Method of Lat/Long (check one): Conventional Survey _____	
City: <u>Merigold</u> State: <u>MS</u> Zip Code: <u>38758</u>		USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
Telephone No. <u>(662) 721-7734</u>		<u>NW 1/4 SW 1/4, Sec 15 T.22N R.07W</u>	
		<u>5.12</u> Miles <u>West</u> of <u>Merigold</u>	
		(Distance) (Direction) (Nearest Town)	

Well / Borehole Data

Date drilling started: 11-11-15 Date drilling completed: 11-11-2015 Hole depth: 135' Hole diameter: 16"

Location of the source of any surface water used for drilling: \_\_\_\_\_

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): Replacement Well

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 49 feet (above or below) land surface Date measured: 11-23-15  
(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: 95 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 95 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*

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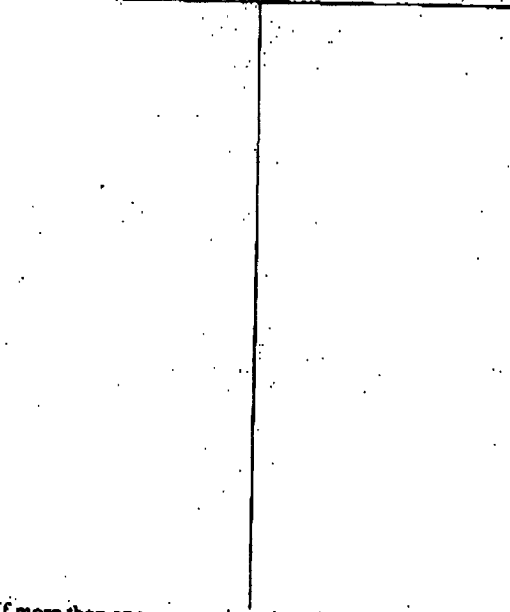
County: Bolivar  
Permit #: GW-49162

**For Office Use Only:**  
Well #: 6282

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

Ground Level       

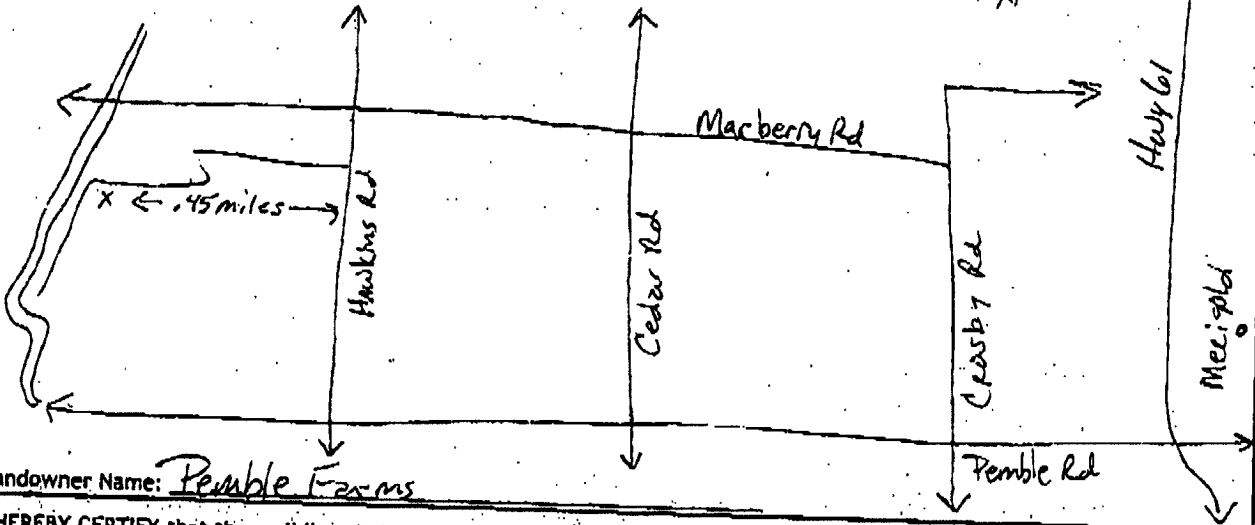


Description of Formations Encountered	From (depth)	To (depth)
Clay & fine sand	Ground level	25
Fine Sand	25	35
Fine Sand	35	40
Medium Sand & Gravel	40	45
Medium Sand	45	55
Coarse Sand & Pea Gravel	55	85
Coarse Sand & Pea Gravel	85	95
Fine Sand	95	100
Coarse Sand & Pea Gravel	100	105
Coarse Sand	105	115
Coarse Sand & Pea Gravel	115	125
Gravel & Pea Gravel	125	135
Coarse Sand		

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: Pemble 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.

Clayton Miller 0-703  
Print Name of Responsible Licensee and License No.

11-24-15  
Date

Clayton Miller  
Signature of Licensee

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**STATE WELL REPORT**

**Part 2**

County: Bolivar  
 Permit #: GW-49162  
 Driller: John Rybolt IV  
 Date completed: 11-23-15  
 Copy information from block on Part 1

**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 #: 2282  
 Aquifer: \_\_\_\_\_

*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>Pemble Farm Partnership II</u>			Latitude: <u>33° 50' 50.51"</u> Longitude: <u>90° 48' 51.59"</u>		
Mailing Address: <u>P.O. Box 428</u>			Method of Lat/Long (check one): Conventional Survey _____		
<u>Merigold</u>	<u>MS</u>	<u>38758</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____		
City	State	Zip Code	<u>NW 1/4 SW 1/4, Sec 15 T 22N R 07W</u>		
Telephone No. <u>(662) 721-7734</u>			<u>5.12</u> Miles <u>West</u> of <u>Merigold</u>		
			(Distance) (Direction) (Nearest Town)		

**Pump Type (circle one)**  
 Submersible  Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
 Date Pump Installed: 11-23-15 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): \_\_\_\_\_  
 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): 49 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 11-24-15 Clayton Miller  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer