

#861

County BOLIVAR
 Permit # _____
 Driller Ronnie Din
 Date drilling completed: 7-9-08

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)981- 5228 (fax)

For Office Use Only:
 Aquifer: _____
 Well # H-182
 L. S. Elevation: _____
 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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name <u>McKigold FARMS</u>	Latitude: <u>N33° 49' 14.5"</u> Longitude: <u>W90° 39' 44.0"</u>
Mailing Address: <u>P.O. Box 98</u>	Method of Lat/Long (circle one): <u>14</u> Conventional Survey, <u>99</u>
<u>Inverness</u> MS <u>38753</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 24</u> Twn <u>23N</u> Rng <u>5W</u>
Telephone No. <u>(662) 347-1130</u>	Distance Direction Nearest Town
	_____ Miles _____ of _____

Well / Borehole Data

Date drilling started: 7-9-08 Date drilling completed: 7-9-08 Hole depth: 121' Hole diameter: 26"

Location of the source of any surface water used for drilling: existing 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: 43 feet above or below (circle one) land surface Date measured: 7-12-08

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

Well depth: 120' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth: From 60 feet to 120 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]*

Replacement for 6628431717?

Form: OLWR-SWR-1A (04/08)

RECEIVED

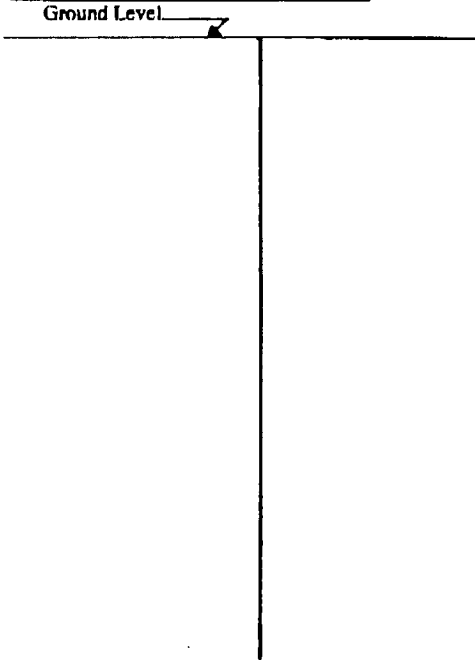
JUL 18 2008

BY: OLWR

H-182

The sketch below only required for water wells

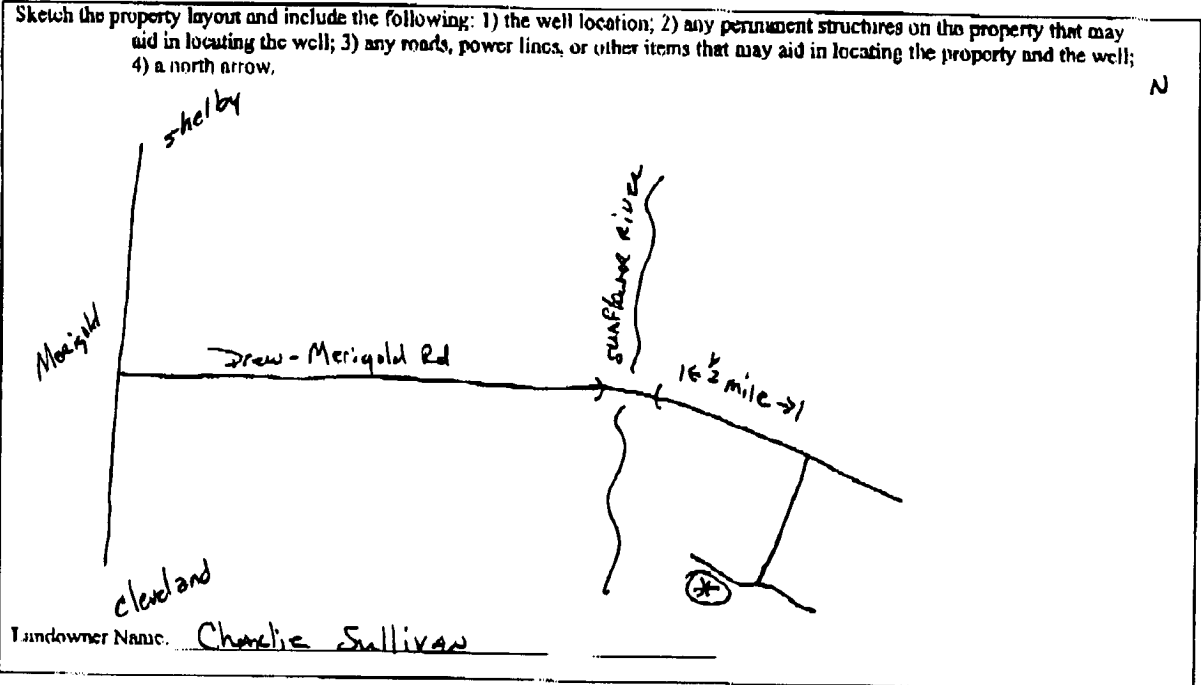
If well telescopes, show depths on sketch



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	16
Clay & Fine Sand	16	26
Fine Sand & pea gravel	26	36
Coarse Sand & Gravel	36	46
Coarse Sand & Gravel	46	56
Coarse Sand & Gravel	56	66
Coarse Sand & Gravel	66	76
Coarse Sand & Gravel	76	86
Coarse Sand & Gravel	86	96
Coarse Sand & Gravel	96	106
Coarse Sand & Gravel	106	116
Coarse Sand & Gravel	116	121

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



Form: OLWR-SWR-1A (04/08)

I 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 0703
Print Name of Responsible Licensee and License No.

7-18-08
Date

Clayton Miller
Signature of Licensee

RECEIVED

JUL 18 2008
BY: OLWR

RECEIVED

MAY 19 1964

PL 01414

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: _____
 Date completed: _____
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well # H-182
 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>Meigold Farms</u>	Latitude: <u>N33° 49' 14.5"</u> Longitude: <u>W090° 39' 41.0"</u>
Mailing Address: <u>P.O. Box 98</u>	Method of Loc/Long (check one): Conventional Survey _____
<u>LIVERNESS MS 38753</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>24</u> T <u>23N</u> R <u>5W</u>
Telephone No. <u>(662) 347-1130</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/>	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): <u>Gear Drive</u>
Other (specify): _____	Horse Power Rating of Motor: <u>60hp</u>
Date Pump Installed: <u>7-12-08</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2500</u> 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 Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>43</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

RECEIVED

Form: OLWR-SWR-1B (04/08)

JUL 18 2008

BY: OLWR

RECEIVED

JUN 18 2008

BY CLWR