

### State Well Report

#### Part I - Driller's Log

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2307  
 Jackson, MS 39225  
 (601)981- 5210  
 (801)981- 5228 (fax)

County Bolivar  
 Permit #: GW43315  
 Driller: Clarence Mc Murry  
 Date drilling completed: 7-10-09

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: H188  
 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>MB &amp; M FARMS</u>	Latitude: <u>N33° 50' 34.78"</u> Longitude: <u>W90° 45' 41.8"</u>
Mailing Address: <u>1002 Deering</u>	Method of Lat/Long (circle one): <u>35</u> Conventional Survey, <u>41</u>
<u>Cleveland MS 38732</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 18 Twn 23N Rng 5W</u>
Telephone No. <u>(662) 588-6371</u>	Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____

**Well / Borehole Data**

Date drilling started: 7-10-09 Date drilling completed: 7-10-09 Hole depth: 150' Hole diameter: 26"

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

Static Water Level: 47 feet above or below (circle one) land surface Date measured: 7-11-09

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

Well depth: 150' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 105 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 45 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 105 feet to 150 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 Well for GW43030



### 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: David Candy  
 Date completed 7-11-09  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: H188  
 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>MTB : M Farms</u>	Latitude: <u>N33° 51' 34.78"</u> Longitude: <u>W90° 45' 41.08"</u>
Mailing Address: <u>1002 Deering</u>	Method of Lat/Long (check one): Conventional Survey <u>35</u> <u>41</u>
<u>Cleveland MS 38732</u> City State Zip Code	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
Telephone No. <u>(662) 588-6371</u>	<u>NW 1/4 SW 1/4 Sec 18 T23N R 5W</u>
	Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>7-11-09</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1700</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 <u>Electric Measuring Line</u> Steel Tape
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 Clayton Miller  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Existing Pump