

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
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: H202
 I. S. Elevation: _____
 P-log # _____

County: Bolivar
 Permit # GW-460851
 Driller: Clarence Mc Murray
 Date drilling completed: 6-1-12

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>North Bolivar County Development Corp.</u>	Latitude: <u>33° 51' 56.2"</u> Longitude: <u>90° 42' 26.2"</u>
Mailing Address: <u>P.O. Box 144</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Mound Bayou MS 38762</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 SW 1/4 Sec 03 Twn 23N Rng 05W</u>
Telephone No. <u>(662) 719-9605</u>	Distance Direction Nearest Town <u>1.4 Miles SE of Mound Bayou</u> <u>#1615</u>

Well / Borehole Data

Date drilling started: 6-1-12 Date drilling completed: 6-1-12 Hole depth: 119' Hole diameter: 20"

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) _____

Static Water Level: 47 feet above or below (circle one) land surface Date measured: 6-2-12

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

Well depth: 119' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 69 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 69 feet to 119 feet

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

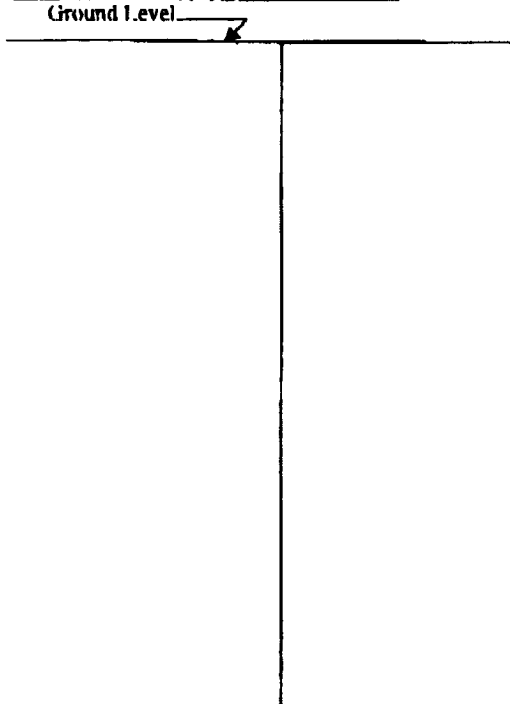
Top of lap pipe or reduction in casing: N/A feet. *If telescoped or more than one screen, describe on next page*

H202

The sketch below only required for water wells.

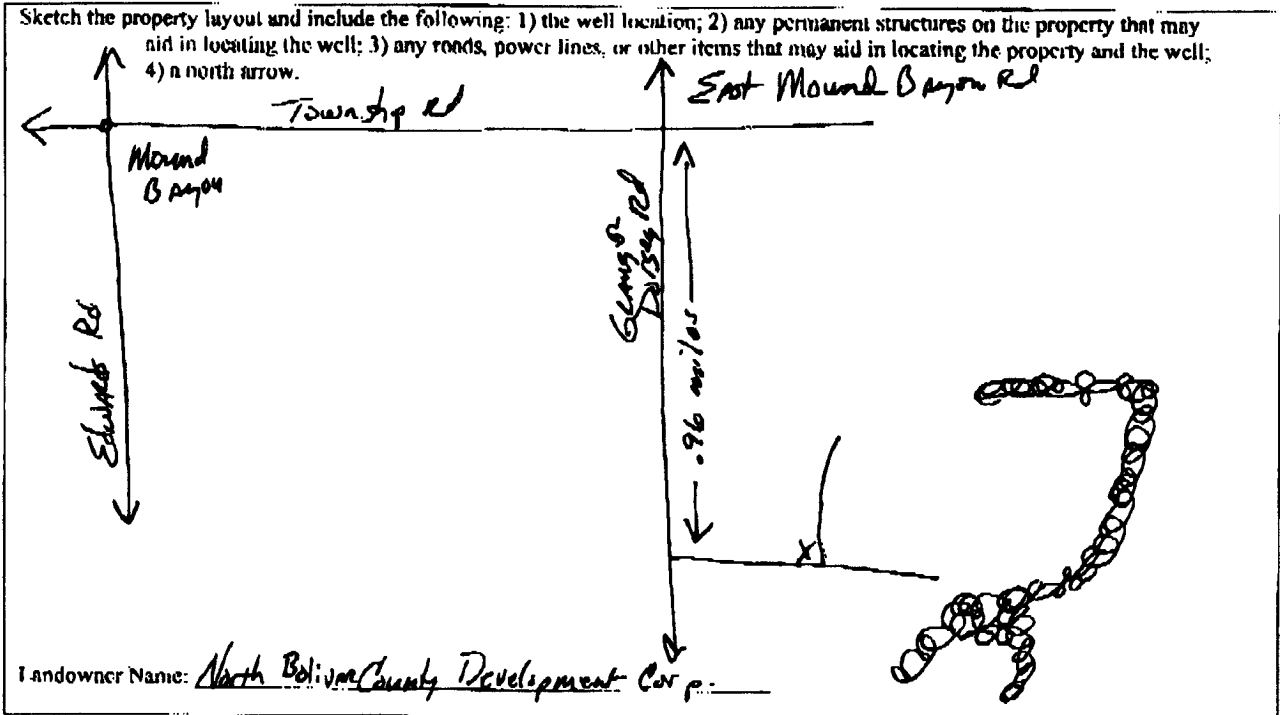
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Top Soil Sand	Ground Level	13
Clay	13	28
Fine Sand	28	31
Clay & Medium Sand	31	57
Med. Sand	57	76
Med. (Coarse) Sand	76	81
Coarse Sand	81	119

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 0-703 6-5-12 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
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
 Well # A 202
 Elevation _____

County: Bolivar
 Permit #: GW-46085
 Driller: John Rybolt IV
 Date completed: 6-2-12

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>North Bolivar County Development Corp.</u>	Latitude: <u>N33° 51' 56.21"</u> Longitude: <u>W90° 42' 26.26"</u>
Mailing Address: <u>P.O. Box 144</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Maand Bayou MS 38762</u> City State Zip Code	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
Telephone No. <u>(662) 719-9605</u>	_____ 1/4 _____ 1/4 Sec <u>03 1 234 R 05W</u>
	Distance <u>1.4</u> Miles Direction <u>SE</u> of Nearest Town <u>Maand Bayou</u>

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>	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>Scan Drive</u>
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>6-2-12</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 Line <input type="checkbox"/> <u>Electric Measuring Line</u> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>47</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	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Charles Miller 0-703 Print Name of Pump Installer and License No. (if applicable) Clayton Miller Signature of Pump Installer