

County: Bolivar
 Permit #: GW-46693
 Driller: 2-26-13
 Date drilling completed: Clarence McMurtry

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: H.203
 Well #: _____
 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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>JAMES WESTERFIELD</u> Mailing Address: <u>202 2nd St.</u> <u>Merigold MS 38759</u> City State Zip Code Telephone No. <u>(662) 719-3694</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>33° 48' 12"</u> Longitude: <u>90° 44' 42"</u> Method of Lat/Long (circle one): Conventional Survey, <input type="checkbox"/> <u>Hand-held GPS</u> <input checked="" type="checkbox"/> <u>Survey-grade GPS</u> <input checked="" type="checkbox"/> NGS quad, <u>NE 1/4 NE 1/4 Sec 31 Twn 23N Rng 05W</u> Distance Direction Nearest Town <u>#1747</u></p>
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Well / Borehole Data

Date drilling started: 2-26-13 Date drilling completed: 2-26-13 Hole depth: 125' Hole diameter: 22"
 Location of the source of any surface water used for drilling: ditch 60' away
 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: 46 feet above or below (circle one) land surface Date measured: 2-27-13
 Method of Measurement (circle one) steel tape electric tape air line other: _____
 Well depth: 125' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 85 feet Casing diameter: 12 inches Type of casing: PVC
 Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC
 Screen slot size: .050 inches Setting depth: From 85 feet to 125 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*

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

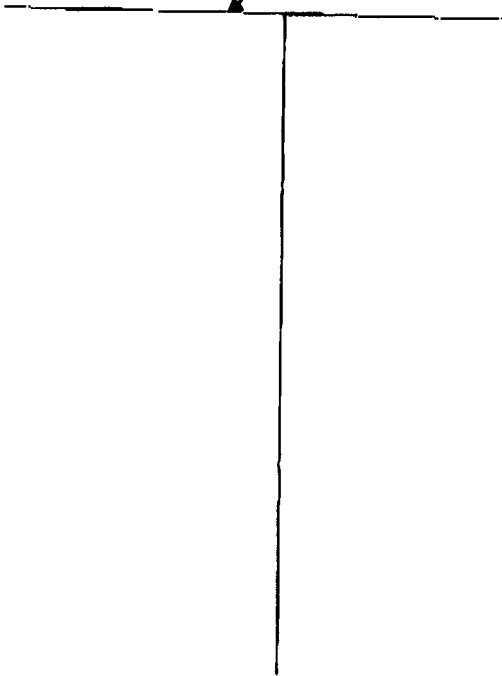
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 BY: OLWR

H 203

The sketch below only required for water wells

If well telescopes, show depths on sketch.

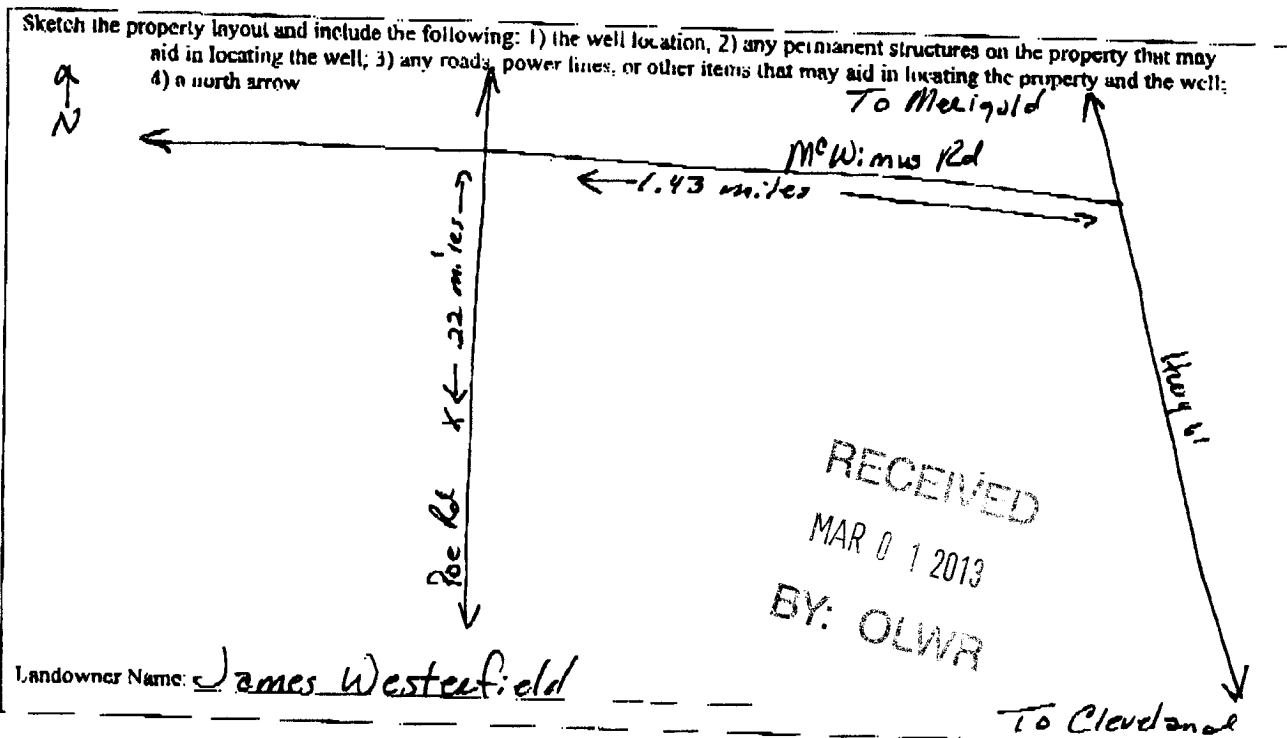
Ground Level →



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

Description of Formations Encountered	From (depth)	To (depth)
Top Soil	Ground Level	7
Clay	7	11
Medium Fine Sand	11	39
Medium Sand & pea gravel	39	61
Medium Coarse Sand & pea gravel	61	88
Medium Sand	88	91
Medium Coarse Sand & pea gravel	91	113
Coar. Sand & pea gravel	113	118
Medium Sand	118	125

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



Landowner Name: James Westfield

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 3-1-13
Print Name of Responsible Licensee and License No. Date

Clayton Miller
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)

County: Calhoun
 Permit #: GW-46693
 Driller: John Rybolt IV
 Date completed: 2-27-13
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: H203
 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>James Westfield</u>	Latitude: <u>33° 48' 12"</u> Longitude: <u>90° 44' 42"</u>
Mailing Address: <u>202 2nd St</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Meridian MS 38759</u> City State Zip Code	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
Telephone No. <u>(662) 719-3691</u>	Distance _____ Miles Direction _____ Nearest Town _____

Pump Type	Power Type
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input checked="" 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): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>2-27-13</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
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>46</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

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

Clayton Miller
 Signature of Pump Installer

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Form: OLWR-SWR-1C (07-09)

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