

STATE WELL REPORT

Part 1

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 #: H 213
 Aquifer: _____
 E-Log #: _____

County: Bolivar
 Permit #: GW-47911 ✓
 Driller: Clarence McWherry
 Date drilling completed: 6-19-14

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 #1922 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>NAT McKnight</u>	Latitude: <u>N33° 48' 35.59"</u> Longitude: <u>W90° 13' 48.19"</u>
Mailing Address: <u>402 Sharp Ave</u>	Method of Lat/Long (check one): Conventional Survey _____ <small>36 45</small>
<u>Cleveland</u> MS <u>38732</u>	USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 SE 1/4, Sec 29 T 23N R 45W</u>
Telephone Nu. (<u>662</u>) <u>719-3133</u>	<u>2</u> Miles <u>S</u> of <u>Mexigold</u> (Distance) (Direction) (Nearest Town)

Well / Borehole Data

Date drilling started: 6-19-14 Date drilling completed: 6-19-14 Hole depth: 136' Hole diameter: 26"

Location of the source of any surface water used for drilling: Ditch 1/2 mile 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 (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): _____

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

Static Water Level: 46 feet (above or below) land surface Date measured: 6-21-14
(circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Well depth: 136' Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 83 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 53 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 83 feet to 136 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

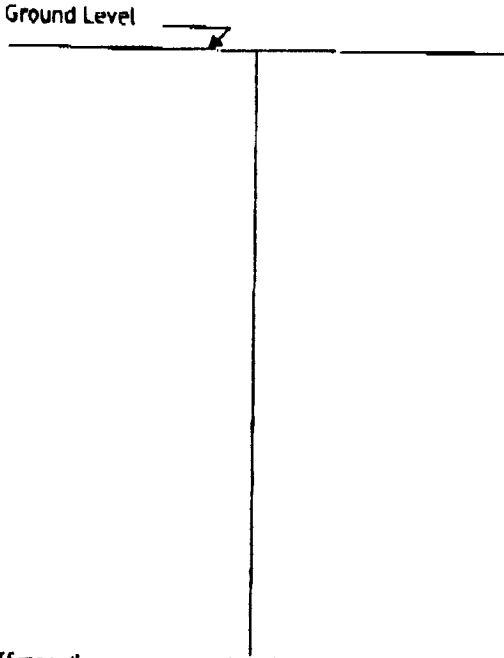
If telescoped or more than one screen, describe on next page

County: Boliver
 Permit #: GW-47911

For Office Use Only:
 Well #: H-213

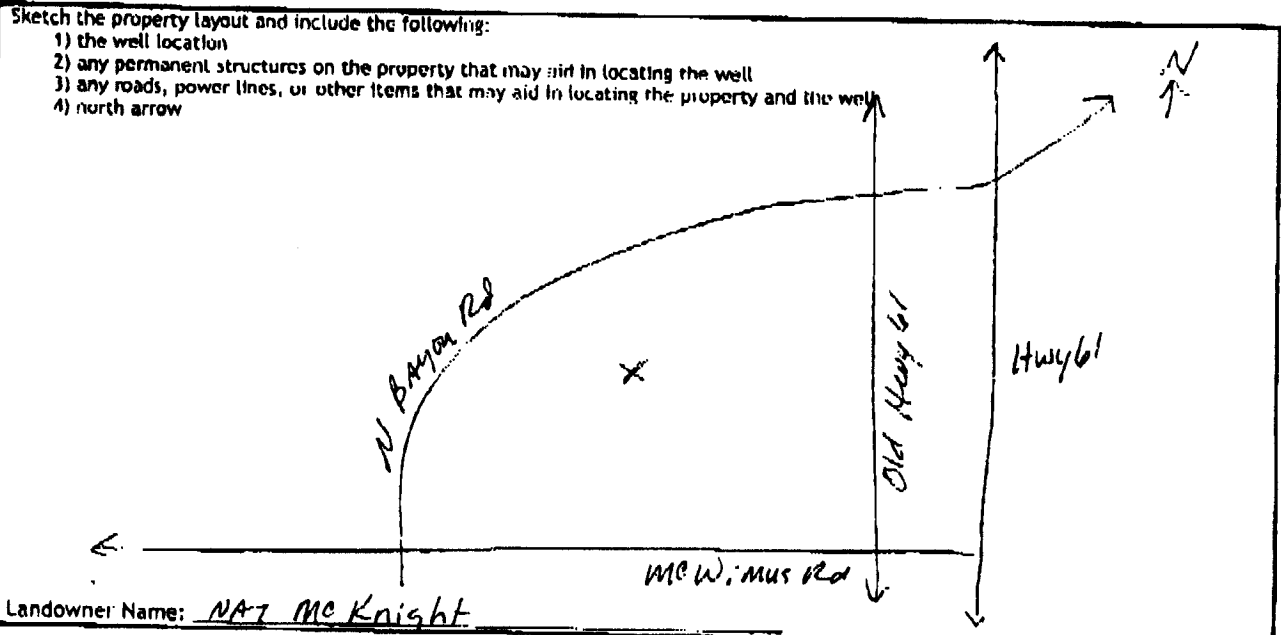
*The sketch below only required for water wells
 If well telescopes, show depths on sketch.*

*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	11
Little Clay & Fine Sand	11	21
Clay	21	41
Medium Sand	41	52
Medium/Coarse Sand	52	65
Clay	65	68
Fine Sand & Pea GRAVEL	68	79
Medium/Coarse Sand & Pea GRAVEL	79	91
Coarse Sand & GRAVEL	91	103
Medium/Coarse Sand & GRAVEL	103	107
Medium Sand	107	114
Medium/Coarse Sand & Pea GRAVEL	114	119
Coarse Sand & GRAVEL	119	136

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



Landowner Name: NAT Mc Knight

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 7-11-14 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 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

For Office Use Only:

Well #: A213
 Aquifer: _____

County: BOLIVAR
 Permit #: GW-47911
 Driller: Michael Wells
 Date completed: 6-21-14
 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>NAT MO Knight</u>		Latitude: <u>N33° 48' 35.59"</u>	Longitude: <u>W90° 43' 48.15"</u>
Mailing Address: <u>402 Sharp Ave</u>		Method of Lat/Long (check one): Conventional Survey _____	
<u>Cleveland</u>	<u>MS</u>	<u>38732</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City	State	Zip Code	<u>SE 1/4 SE 1/4, Sec 29 T 2314 R 0520</u>
Telephone No. <u>(662) 719-3133</u>		<u>2</u> Miles <u>S</u> of <u>Method</u>	(Distance) (Direction) (Nearest Town)

Pump Type (circle one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 6-21-14 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): 46 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 7-11-14 Clayton Miller
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer