

STATE WELL REPORT

County: Boliver
 Permit #: GW-48236 ✓
 Driller: Clarence McMurry
 Date drilling completed: 6-30-14

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 #: H214
 Aquifer: _____
 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.

Well Owner Information 2017 (Landowner if borehole is not for a water well) Owner Name: <u>Willow Brake Planting Co.</u> Mailing Address: <u>402 North Sharpe Ave.</u> <u>Cleveland</u> MS <u>38732</u> City State Zip Code Telephone No. <u>(662) 719-3133</u>	Well or Borehole Location Latitude: <u>33°48'51"</u> Longitude: <u>90°44'11"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____ <u>SW 1/4 SE 1/4, Sec 29 T.23N R.05W</u> <u>1.27</u> Miles ^{SE} <u>South</u> of <u>Meligold</u> (Distance) (Direction) (Nearest Town)
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Well / Borehole Data

Date drilling started: 6-30-14 Date drilling completed: 6-30-14 Hole depth: 126' Hole diameter: 26"

Location of the source of any surface water used for drilling: Hauled water from 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 (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: 48 feet (above or below) land surface Date measured: 7-3-14
 (circle one)

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

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

Casing length: 25 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .05-0 inches Setting depth: From 75 feet to 125 feet

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

Other (describe): _____

Top of tap pipe or reduction in casing: N/A feet

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

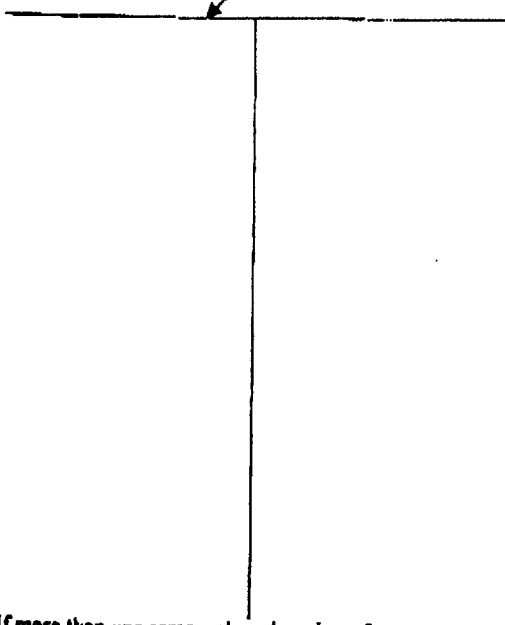
County: Bolivar
 Permit #: GW-48236

For Office Use Only:
 Well #: 17214

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level \rightarrow



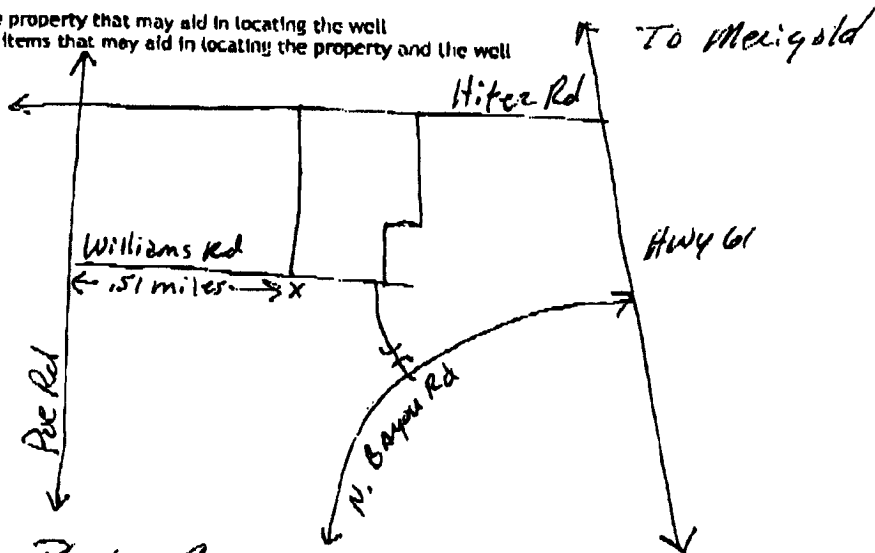
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	23
Fine Sand	23	31
Medium Sand	31	37
Fine Sand	37	40
Medium/Course Sand & Gravel	40	49
Medium Sand	49	52
Medium/Course Sand & Pea Gravel	52	63
Fine Sand	63	69
Medium Sand	69	72
Medium/Course Sand & Pea Gravel	72	91
Coarse Sand & Pea Gravel	91	117
Coarse Sand & Gravel	117	126
Clay & Gravel	126	126

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

Sketch the property layout and include the following:

- 1) the well location
- 2) any permanent structures on the property that may aid in locating the well
- 3) any roads, power lines, or other items that may aid in locating the property and the well
- 4) north arrow



Landowner Name: Willow Brake Planting Company

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.

Clauston Miller 0-703 7-10-14 Clauston 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 #: H214
 Aquifer: _____

County: Bolivar
 Permit #: GW-48236
 Driller: Michael Wells
 Date completed: 2-3-14
 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>Willow Brake Planting Co</u>		Latitude: <u>33° 48' 51"</u> Longitude: <u>90° 44' 11"</u>	
Mailing Address: <u>402 N. Shape</u>		Method of Lat/Long (check one): Conventional Survey _____	
City: <u>Cleveland</u> State: <u>MS</u> Zip Code: <u>38732</u>		USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____	
Telephone No. () _____		<u>NW 1/4 SE 1/4</u> , Sec <u>29</u> T <u>23 N</u> R <u>05 W</u>	
		<u>1.27</u> Miles <u>South</u> of <u>Morgan</u>	
		(Distance) (Direction) (Nearest Town)	

Pump Type (circle one)
~~Submersible~~ Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 2-3-14 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: N/A 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): 48 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 2-10-14 Clayton Miller
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer