

State Well Report Part I - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County BOLIVAR
 Permit # 6W-413281
 Driller Shane Partridge
 Date drilling completed 9-14-06

For Office Use Only:
 Aquifer _____
 Well # J-141
 L S Elevation: _____
 P-log # _____

#537
N

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>Dossett Plantation</u>	Latitude: <u>N33° 42' 12.1"</u> Longitude: <u>W91° 01' 06.3"</u>
Mailing Address: <u>P.O. Box 156</u>	Method of Loc/Long (circle one): <u>17</u> Conventional Survey, <u>06</u>
<u>Beulah</u> MS <u>38926</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1R 1/4 1R 1/4</u> Sec <u>5</u> Twn <u>22N</u> Rng <u>8W</u>
Telephone No. <u>(662) 742-3640</u>	Distance Direction Nearest Town
	<u>4</u> Miles <u>NW</u> of <u>Beulah</u>

Well / Borehole Data

Date drilling started: 9-14-06 Date drilling completed: 9-14-06 Hole depth: 111 Hole diameter: 2 1/2"

Location of the source of any surface water used for drilling: CANAL

Method of dosing and volume of Chlorine used in drilling and development: 10 GALS CL2

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: 28' foot above or (below) (circle one) land surface Date measured: 9-22-06

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

Well depth: 110 Well grouted to a depth of 10 feet Type of grout (circle one): (New Cement) Bentonite Mix

Casing length: 60 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 60 foot to 110 foot

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

Other (describe): _____

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

Form: OLWR-SWR-1A

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer _____

Well # J-141

Elevation _____

County Bolivar
 Permit # 6W 41328
 Driller Scott Hood
 Date completed: 9-22-06
 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>Dossett Plantation</u>	Latitude: <u>N 33° 42' 17.1"</u> Longitude: <u>W 091° 01' 06.3"</u>
Mailing Address: <u>P.O. Box 156</u>	Method of T. & L. (check one): Conventional Survey _____
<u>Berula, MS 38726</u>	USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. <u>(662) 742-3640</u>	Distance _____ Direction _____ Nearest Town _____
	<u>4</u> Miles <u>NW</u> of <u>Benoit</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>70</u>
Date Pump Installed: <u>9-22-06</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2500</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 <input type="checkbox"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>28</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 <u>N/A</u> GPM with a drawdown of _____
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	_____ feet after _____ hours of pumping
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.

Thomas B. Chestman 0-703 Thomas B. Chestman
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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 BY: OLWR