

County: Bolivar  
 Permit #: GW-45183 ✓  
 Driller: Clarence M. Murry  
 Date drilling completed: 8-4-11

**State Well Report**  
**Part 1 - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2307  
 Jackson, MS 39225  
 (601)961- 5210  
 (601)961- 5228 (fax)

For Office Use Only:  
 Aquifer: K125  
 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><b>Information on Well Owner</b>          (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Dossett Planting Co.</u>          Mailing Address: <u>P.O. Box 156</u>  <u>Beulah MS 38726</u>          City State Zip Code          Telephone No.: <u>(662) 742-3640</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>33° 45' 03.45"</u> Longitude: <u>90° 58' 04.03"</u>          Method of Lot/Long (circle one): Conventional Survey,          USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS ✓  <u>SW 1/4 SW 1/4 Sec. 18</u> ✓ <u>Twn 22N</u> <u>Rng 07W</u>          Distance _____ Direction _____ Nearest Town _____          _____ Miles _____ of _____  <u>#1440 #1</u></p>
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**Well / Borehole Data**

Date drilling started: 8-4-11 Date drilling completed: 8-4-11 Hole depth: 126' Hole diameter: 26"

Location of the source of any surface water used for drilling: near by 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) N/A

Static Water Level: 28 feet above or below (circle one) land surface Date measured: 8-5-11

Method of Measurement (circle one) steel tape electric tape air line other \_\_\_\_\_

Well depth: 126' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix \_\_\_\_\_

Casing length: 76 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 76 feet to 126 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*



# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2109  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

County: Bolivar  
 Permit #: SW-45183  
 Driller: John R. Bolt IV  
 Date completed: 8-5-11  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: K125  
 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**  
 Owner Name: Dossett Planting Co  
 Mailing Address: P.O. Box 156  
Baylah MS 38726  
 City State Zip Code  
 Telephone No. (662) 742-3640

**Well Location**  
 Latitude: 33° 45' 03.45" Longitude: 90° 58' 24.03"  
 Method of I.M./Lug (check one): Conventional Survey \_\_\_\_\_  
 USGS quad \_\_\_\_\_ Hand-held GPS  Survey-grade GPS \_\_\_\_\_  
 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Sec 18 T. 22N R. 07W  
 Distance \_\_\_\_\_ Direction \_\_\_\_\_ Nearest Town \_\_\_\_\_  
 \_\_\_\_\_ Miles \_\_\_\_\_ of \_\_\_\_\_

**Pump Type**  
 Circle one

Air Lift	Jet	Submersible
Bucket	Piston	<u>Turbine</u>
Centrifugal	Rotary	Flowing Well

Other (specify): \_\_\_\_\_  
 Date Pump Installed: 8-5-11  
 Rated Pump Capacity \_\_\_\_\_ Gallons Per Minute

**Power Type**  
 Circle one

Diesel Engine	Gasoline Engine	Natural Gas
Electric Motor	Hand	Tractor PTO
Windmill	Other (specify) <u>Gear Drive</u>	

Horse Power Rating of Motor: 60  
 Setting Depth 70 feet  
 Number of Stages: 1

**Pump Test Data**

Date Well Tested: NOT TESTED  
 Static Water Level (A): 28 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  
 Duration of Pump Test (minimum 4 hours): N/A hours

**Method of Measuring Water Level**  
 Circle one

Air Line  Electric Measuring Line  Steel Tape  
 Other (specify): \_\_\_\_\_  
 For flowing well, measured shut in head: N/A feet  
 Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

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) Signature of Pump Installer