

County Bolivar
 Permit #: GW-45755
 Driller Cleance McMurry
 Date drilling completed: 2-29-12

State Well Report
Part I - 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: K 130
 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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name <u>Long E Company, Inc</u>	Latitude: <u>N 33° 46' 52.29"</u> Longitude: <u>W 87° 57' 16.19"</u>
Mailing Address: <u>1387 Crosby Road</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Cleveland MS 38732</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 05 Twa 22 Rng 07W</u>
Telephone No. <u>(662) 843-5085</u>	Distance Direction <u>Nearest Town</u>
	<u>1.5 Miles East of Bealza</u>
Well / Borehole Data	
Date drilling started: <u>2-29-12</u> Date drilling completed: <u>2-29-12</u> Hole depth: <u>125'</u> Hole diameter: <u>26"</u>	
Location of the source of any surface water used for drilling: <u>near by Ditch</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ <input checked="" type="checkbox"/> Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) <u>N/A</u>	
Static Water Level: <u>29</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>3-3-12</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Well depth: <u>125'</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix	
Casing length: <u>75</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>50</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>75</u> feet to <u>125'</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of tap pipe or reduction in casing: <u>N/A</u> feet <i>If telescoped or more than one screen, describe on next page</i>	

Replacement Well for GW0638

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: Bolivar
 Permit #: GW-45755
 Driller: Michael Wells
 Date completed: 3-3-12
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: K130
 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: Long Company, Inc
 Mailing Address: 1387 Crosby Rd
Cleveland MS 38732
 City State Zip Code
 Telephone No. (662) 843-5081

Well Location
 Latitude: N33° 46' 57.29" Longitude: W90° 57' 16.15"
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____, Hand-held GPS r, Survey-grade GPS _____
NW 1/4 SW 1/4 Sec 05 T 23N R 07W
 Distance Direction Nearest Town
1.5 Miles East of Beulah

Pump Type
 Circle one

Air Lift	Jet	Submersible
Bucket	Piston	<u>Turbine</u>
Centrifugal	Rotary	Flowing Well
Other (specify): _____		
Date Pump Installed: <u>3-3-12</u>		
Rated Pump Capacity: _____ Gallons Per Minute		

Power Type
 Circle one

Diesel Engine	Gasoline Engine	Natural Gas
Electric Motor	Hand	Tractor PTO
Windmill	Other (specify): _____	
Horse Power Rating of Motor: <u>60</u>		
Setting Depth: <u>70</u> feet		
Number of Stages: <u>2</u>		

Pump Test Data

Date Well Tested: NOT TESTED

Static Water Level (A): 29 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 N/A 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