

STATE WELL REPORT

County: Boliver
 Permit #: GW-47302
 Driller: Richard Foster
 Date drilling completed: 5-30-13

Part I
Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-7309
 (601)961-5210
 (601)360-0535 (fax)

For Office Use Only:
 Well #: K 139
 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 # 1789 (Landowner if borehole is not for a water well) Owner Name: <u>Don Strong</u> Mailing Address: <u>8341 North 400 East</u>		Well or Borehole Location Latitude: <u>33° 42' 15"</u> Longitude: <u>90° 55' 59"</u> Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ <u>4</u> 1/4 Sec <u>04</u> T <u>22N</u> R <u>07W</u> <u>4</u> Miles <u>West</u> of <u>PAGE</u> (Distance) (Direction) (Nearest Town)	
City: <u>Bryant</u> State: <u>IN</u> Zip Code: <u>47326</u> Telephone No. <u>(812) 606-8708</u>			

Well / Borehole Data

Date drilling started: 5-30-13 Date drilling completed: 5-30-13 Hole depth: 127' Hole diameter: 26"
 Location of the source of any surface water used for drilling: Ditch 1 mile away Hauled in
 Method of dosing and volume of Chlorine used in drilling and development: _____
 Logs run (circle all applicable): 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) N/A
 Static Water Level: 32 feet (above or below) land surface Date measured: 6-1-13
 (circle one)
 Method of measurement (circle one): Steel tap Electric Log Air line Other (describe): _____
 Well depth: 127' Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
 Casing length: 77 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 77 feet to 127 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

K139

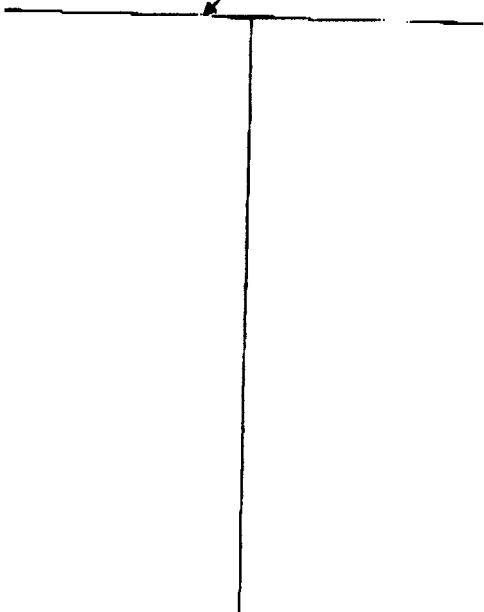
County: Bolivar
 Permit #: GW-47302

For Office Use Only:
 Well #: _____

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level



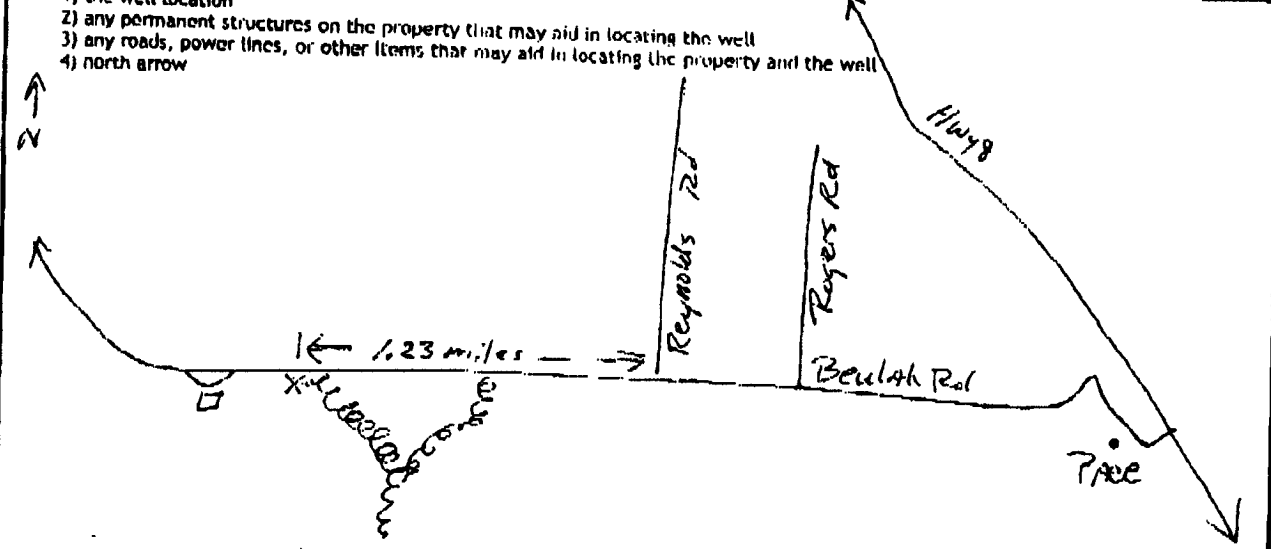
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Top Soil Sand	Ground level	24
Clay	24	33
Fine Sand	33	49
Medium Sand	49	61
Medium/Coarse Sand & Gravel	61	92
Coarse Sand & Gravel	92	103
Medium/Coarse Sand & Gravel	103	114
Coarse Sand & Gravel	114	127

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: Don Strong

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 0703 6-6-13 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 #: K139
Aquifer: _____

County: Bolivar
Permit #: GW-47302 ✓
Driller: Michael Wells
Date completed: 6-1-13
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>Don Strong</u>			Latitude: <u>33°47'15"</u> Longitude: <u>90°55'59"</u>		
Mailing Address: <u>8341 North 400 East</u>			Method of Lat/Long (check one): Conventional Survey _____		
City: <u>Bryant</u> State: <u>IN</u> Zip Code: <u>47326</u>			USGS quad _____ Hand-held GPS <u>X</u> Survey-grade GPS _____		
Telephone No. <u>(812) 606-8708</u>			USGS <u>SW</u> 1/4, NW 1/4, Sec <u>04</u> T <u>23N</u> R <u>07W</u>		
			<u>4</u> Miles <u>West</u> of <u>PACE</u> (Distance) (Direction) (Nearest Town)		

Pump Type (circle one)
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 6-1-13 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): 32 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): N/A

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: Mcrometer Meter Serial Number: 12-05261
Meter Model Number/Name: M0310 Type of Meter: _____
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): gal x gal
Installation Date: 6-9-13 Meter installed by: Mid-South Water - Machine Works, LLC
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 6-6-13 Clayton Miller
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

FAKED

(6/7/13)