

Bolivar

### State Well Report

#### Part I - Driller's Log

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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: 2199  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: INVERNESS  
Permit #: GW-49430  
Driller: JOEL Jumper  
Date drilling completed: 5/10/16

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)  
Owner Name: American Farm Group  
Mailing Address: \_\_\_\_\_  
P.O. Box 104  
Inverness MS, 38753  
City State Zip Code  
Telephone No. ( ) \_\_\_\_\_

Well or Borehole Location: 33° 45' 17" N 90° 53' 04" W  
Latitude: 33° 47' 02" N Longitude: 90° 52' 33" W  
Method of Lat/Long (circle one): Conventional Survey, \_\_\_\_\_  
USGS quad, Hand-held GPS, Survey-grade GPS  
NW 1/4 SW 1/4 Sec 13 Twn 22 N Rng 07 W  
Distance Direction Nearest Town  
1 Miles SW of Pace

#### Well / Borehole Data

Date drilling started: 5/10/16 Date drilling completed: 5/10/16 Hole depth: 110 Hole diameter: 28

Location of the source of any surface water used for drilling: Nearest 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) \_\_\_\_\_

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 5/10/16

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

Well depth: 110 Well grouted to a depth of \_\_\_ feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 70 feet Casing diameter: 16 inches Type of casing: P.V.C

Screen length: 40 feet Screen diameter: 16 inches Type of screen: P.V.C

Screen slot size: 050 inches Setting depth: From 0 feet to 70 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: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A (04/08)

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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 2309  
Jackson, MS 39225-2309  
(601)961-5210  
(601) 360-0535 (fax)

County: BOLIVAR  
Permit #: GW-49430  
Driller: JOLTED WELL SERVICE  
Date completed: 5-11-16  
*Copy information from block on Part 1*

**For Office Use Only:**  
Well #: \_\_\_\_\_  
Aquifer: \_\_\_\_\_

*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>AMERICAN FARM GROUP</u>	Latitude: <u>33° 45' 17"</u>	Longitude: <u>90° 52' 56"</u>			
Mailing Address: <u>P.O. BOX 104</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____				
<u>INKARNESS</u> <u>MS</u> <u>38753</u>	<u>NW</u> ¼ <u>SW</u> ¼, Sec. <u>13</u> T <u>22N</u> R <u>07W</u>				
City State Zip Code	<u>2.8</u> Miles <u>S</u> of <u>PAGE</u>				
Telephone No. <u>(602) 299-8064</u>	(Distance) (Direction) (Nearest Town)				

**Pump Type (circle one)**  
Submersible  Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
Date Pump Installed: 6-13-16 Rated Pump Capacity: 3000 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: 80 Setting Depth: 70 feet Number of Stages: 1

**Pump Test Data for Non Flowing Well**  
Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours  
Static Water Level (A): 20 Feet Below Land Surface Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface  
Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface Test Pumping Rate: \_\_\_\_\_ 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.  
DAVID P. HOLT 0-752P 7-5-16 [Signature] JUL 08 2016  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Form: OLWR-SWR-1B (4/13)

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