

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)

County: Bolivar
 Permit #: _____
 Driller: Ronnie Dill
 Date drilling completed: 6-9-09

For Office Use Only:
 Aquifer: _____
 Well #: M239
 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>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>8 i 9 Partnership</u> Mailing Address: <u>497 Smith Rd</u> <u>Cleveland MS 39732</u> City State Zip Code Telephone No. <u>(662) 543-4327</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>N33° 46' 55"</u> Longitude: <u>W90° 41' 34.87"</u> <small>56" 35"</small> Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS <u>NW 1/4 SW 1/4</u> Sec <u>2</u> Twn <u>22N</u> Rng <u>5W</u> Distance Direction Nearest Town Miles of _____</p>
<p>Well / Borehole Data</p> <p>Date drilling started: <u>6-9-09</u> Date drilling completed: <u>6-9-09</u> Hole depth: <u>120'</u> Hole diameter: <u>22"</u> Location of the source of any surface water used for drilling: <u>Rice field</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></p>	
<p>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>39</u> feet above or below (circle one) land surface Date measured: <u>6-10-09</u> Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____ Well depth: <u>120'</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>80</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>PVC</u> Screen length: <u>40</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>.050</u> inches Setting depth: From <u>80</u> feet to <u>120</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></p>	

Replacement Well

replacement for 00000007?

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)

For Office Use Only:

Aquifer: _____

Well #: 11239

Elevation: _____

County: Bolivar

Permit # _____

Driller: Clarence McMurry

Date completed: 6-10-09

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>Sis Partnership</u>	Latitude: <u>N33°46'53.58"</u> Longitude: <u>W90°41'24.87"</u>
Mailing Address: <u>497 Smith Road</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> ^{56"} <input checked="" type="checkbox"/> ^{35"}
<u>Cleveland MS 38732</u>	USGS quad _____ Hand-held GPS <input type="checkbox"/> Survey-grade GPS <input type="checkbox"/>
City State Zip Code	<u>NW 1/4 SW 1/4 Sec 2 T.22N R. 5W</u>
Telephone No. <u>(662) 843-4327</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>25</u>
Date Pump Installed: <u>6-10-09</u>	Setting Depth: _____ <u>77</u> feet
Rated Pump Capacity: <u>1100</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> <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>39</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 _____ 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.

Clayton Miller 0-703
 Print Name of Pump Installer and License No. (if applicable)

Clayton Miller
 Signature of Pump Installer

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

Existing Pump

