

### 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  
(801)961-5210  
(601)961-5228 (fax)

County: Bolivar  
 Permit #: GW43029  
 Driller: Clarence McMurry  
 Date drilling completed: 2-6-09

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: N-136  
 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>Chenault Farms</u>          Mailing Address: <u>Route 1, Box 77</u>  <u>Berulah MS 38726</u>          City State Zip Code          Telephone No. <u>(662) 759-6409</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>33° 40' 29"</u> Longitude: <u>91° 00' 04"</u>          Method of Lat/Long (circle one): Conventional Survey.          USGS quad, Hand-held GPS, Survey-grade GPS  <u>SE 1/4 SW 1/4 Sec 25 Twn 21N Rng 8W</u>          Distance Direction Nearest Town  <u>1</u> Miles <u>North</u> of <u>Beruth</u></p>
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**Well / Borehole Data**

Date drilling started: 2-6-09 Date drilling completed: 2-6-09 Hole depth: 120' 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: 20 feet above  or below (circle one) land surface Date measured: 2-9-09  
 Method of Measurement (circle one) steel tape   electric tape  air line  other: \_\_\_\_\_  
 Well depth: \_\_\_\_\_ Well grouted to a depth of 10 feet Type of grout (circle one):  Neat Cement  Bentonite  Mix  
 Casing length: 80 feet Casing diameter: 16 inches Type of casing: PVC  
 Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC  
 Screen slot size: .050 inches Setting depth: From 80 feet to 120 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*

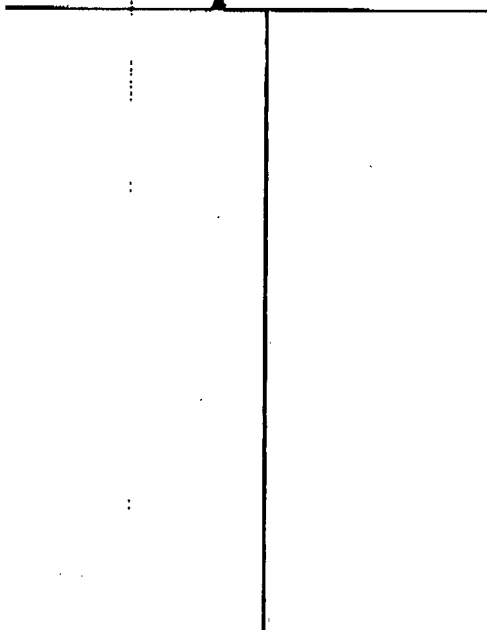
Replacement Well using existing pump

N-136

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

Ground Level →

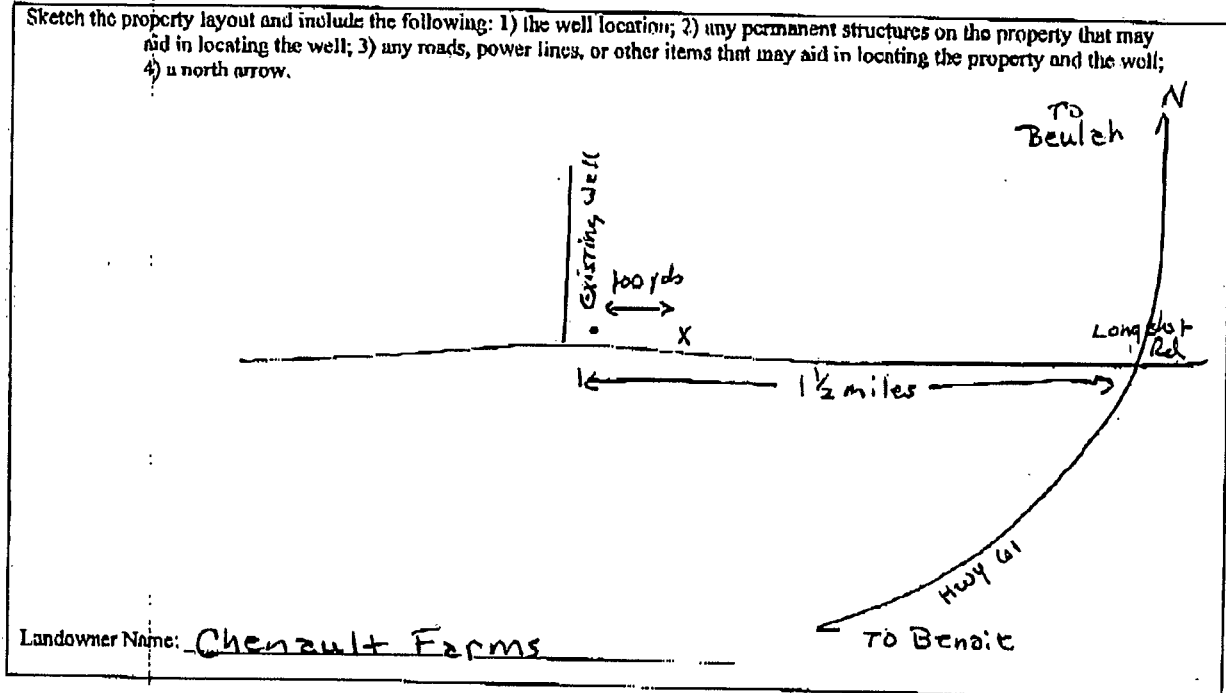


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations.

Description of Formations Encountered	From (depth)	To (depth)
CLAY	Ground Level	16
CLAY & Fine Sand	16	26
Fine Sand & some CLAY	26	36
Fine Sand	36	46
Fine Sand	46	56
Fine Sand	56	66
Fine Sand	66	70
Coarse Sand & GRAVEL	70	76
Coarse Sand & GRAVEL	76	86
Coarse Sand & GRAVEL	86	96
Coarse Sand & GRAVEL	96	106
Coarse Sand & GRAVEL	106	116
Coarse Sand & GRAVEL	116	120

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) a north arrow.



Landowner Name: Chenault Farms

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

I 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 0-703 2-28-09  
 Print Name of Responsible Licensee and License No. Date

*Clayton Miller*  
 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  
 (601)961-5210  
 (601)961-5228 (fax)

County: Bolivar  
 Permit # \_\_\_\_\_  
 Driller: John Rybolt  
 Date completed: 2-9-09  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Aquifer \_\_\_\_\_  
 Well #: N-136  
 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		Well Location	
Owner Name: <u>Chenault Farms</u>	Latitude: _____ Longitude: _____	Method of Lat/Long (check one): Conventional Survey _____	
Mailing Address: <u>Route 1, Box 77</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____	_____ 1/4 _____ 1/4 Sec <u>25</u> T. <u>21N</u> R. <u>8W</u>	
<u>Bentley MS 38726</u> City State Zip Code	Distance _____ Direction _____ Nearest Town _____	<u>1</u> Miles <u>North</u> of <u>Benoit</u>	
Telephone No. <u>(612) 759-6409</u>			

Pump Type Circle one	Power Type Circle one
Air Lift: Jet _____ Submersible _____	Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Bucket: Piston _____ <u>Turbine</u> _____	Electric Motor _____ Hand _____ Tractor PTO _____
Centrifugal: Rotary _____ Flowing Well _____	Windmill _____ Other (specify): <u>Gear Drive</u>
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>2-9-09</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: _____ 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 _____ <u>Electric Measuring Line</u> _____ Steel Tap _____
Static Water Level (A): <u>20</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 _____ feet after _____ hours of pumping
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	
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

Existing Pump