

### State Well Report Part 1 - Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225  
(601)901- 5210  
(601)961 5228 (fax)

County: Bolivar  
 Permit #: GW-46424  
 Driller: Clearence McMillan  
 Date drilling completed: 3-1-13

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: N158  
 I. 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><br/>(Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Dossett Planting Co.</u><br/>         Mailing Address: <u>P.O. Box 156</u><br/> <u>Beulah</u> <u>MS</u> <u>38726</u><br/>         City State Zip Code<br/>         Telephone No. <u>(662) 719-1372</u></p> | <p><b>Well or Borehole Location</b></p> <p>Latitude: <u>33° 42' 09.99"</u> Longitude: <u>90° 00' 05.41"</u><br/>         Method of Lat/Long (circle one): Conventional Survey, <u>91 05</u><br/>         USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS<br/> <u>SE 1/4 NW 1/4 Sec 2N Twn 21N Rng 08W</u><br/>         Distance <u>SW</u> Direction Nearest Town<br/> <u>Miles of</u><br/> <u>#1732</u></p> |
|--|---|

**Well / Borehole Data**

Date drilling started: 3-1-13 Date drilling completed: 3-1-13 Hole depth: 125' Hole diameter: 26" Replaces GW06363

Location of the source of any surface water used for drilling: near by ditch  
 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: 26 feet above or below (circle one) land surface Date measured: 3-4-13  
 Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Well depth: 125' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix  
 Casing length: 75 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 75 feet to 125 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

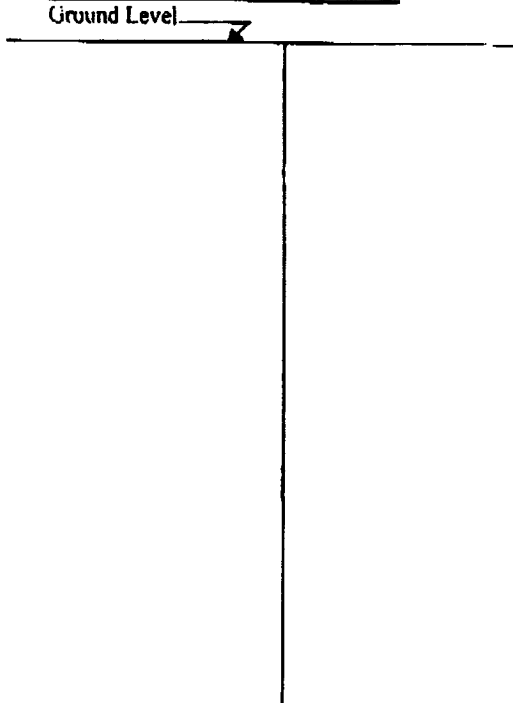
Form: OLWR-SWR-1A (04/08)

MAR 08 2013

N158

The sketch below only required for water wells

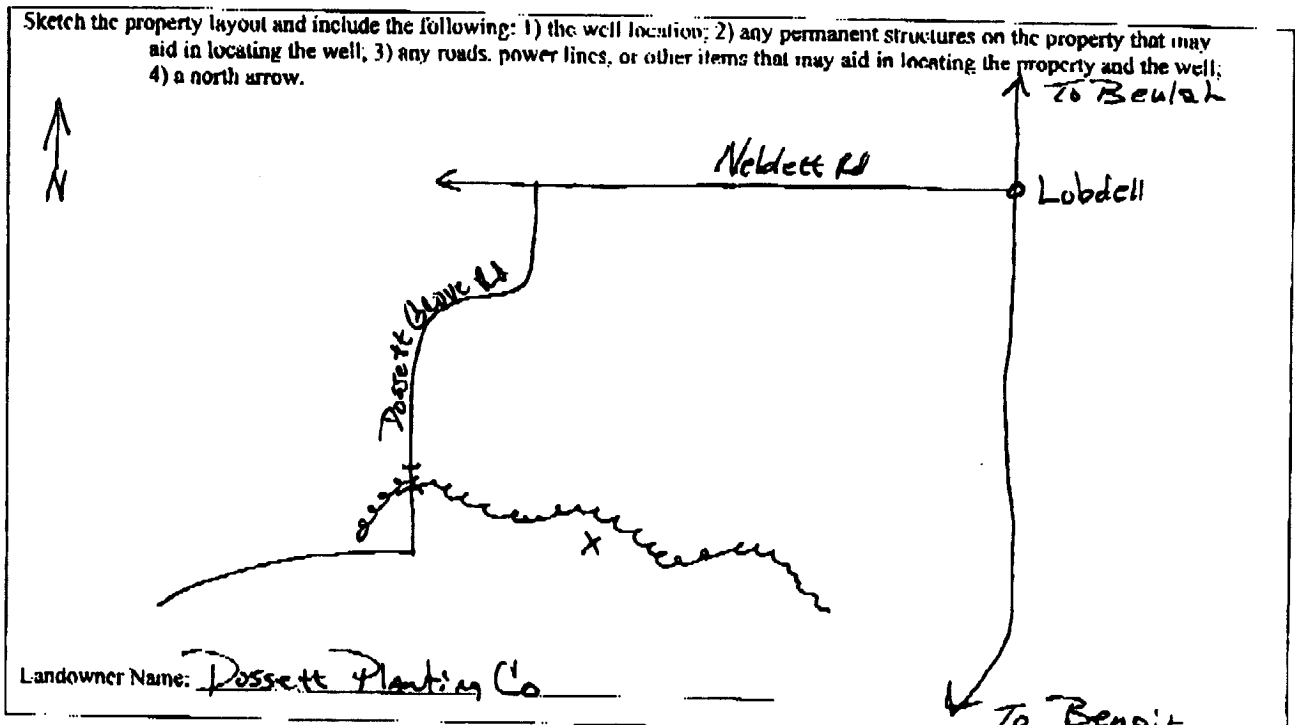
If well telescopes, show depths on sketch



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) |
|---------------------------------------|--------------|------------|
| Coarse Sand                           | Ground Level | 75         |
| Coarse Sand                           | 75           | 85         |
| Medium Sand                           | 85           | 100        |
| Coarse Sand & pea gravel              | 100          | 125        |
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If more than one screen, show location of each on sketch



Form. OI WR-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 3-7-13 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  
 (601)961-5210  
 (601)961-5228 (fax)

County: Bolivar  
 Permit #: GW-46424  
 Driller: John Rybolt IV  
 Date completed: 3-4-13  
 Copy information from block on Part 1

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: N158  
 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>Dassett Planting Co</u> | Latitude: <u>33° 42' 09.39"</u> Longitude: <u>91° 00' 03.41"</u>  |
| Mailing Address: <u>P.O. Box 156</u>   | Method of Lat/Long (check one): Conventional Survey _____<br>USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ |
| <u>Beulah MS 38726</u>                 | <u>SE 1/4 NW 1/4 Sec. 24 T21N R08W</u>  |
| City State Zip Code                    | Distance _____ Direction _____ Nearest Town _____<br>Miles of _____   |
| Telephone No. <u>(662) 719-1372</u>    |   |

| Pump Type  | Power Type   |
|--|--|
| Circle one   | Circle one   |
| Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>                | Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> |
| Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u> <input checked="" type="checkbox"/> | Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>           |
| Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>         | Windmill <input type="checkbox"/> Other (specify): <u>Gear Drive</u>   |
| Other (specify): _____   | Horse Power Rating of Motor: <u>60</u>   |
| Date Pump Installed: <u>3-4-13</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  |
|---|--|
| Date Well Tested: <u>027 FEB 2013</u>                       | Circle one   |
| Static Water Level (A): <u>26</u> Feet Below Land Surface   | Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/> |
| Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface | Other (specify): _____   |
| Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface    | For flowing well, measured shut in head: <u>N/A</u> feet   |
| Test Pumping Rate: <u>N/A</u> Gallons Per Minute            | Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping  |
| Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours   |  |

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

I HEREBY CERTIFY that the above statements are true to the best of my knowledge

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