

FAXED
7-6-09

138

County: Bolivar
 Permit #: _____
 Driller: Clarence McMurry
 Date drilling completed: 7-1-09

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)

For Office Use Only:
 Aquifer: _____
 Well #: N 181
 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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Farmer Planting Company</u>	Latitude: <u>33° 39' 22.5"</u> Longitude: <u>91° 01' 4.30"</u>
Mailing Address: <u>P.O. Box 239</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Benoit</u> <u>MS</u> <u>38725</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SW 1/4 ME 15 Sec 15 Twn 21N Rng 8W</u>
Telephone No. <u>(662) 379-0688</u>	Distance Direction Nearest Town <u>1</u> Miles <u>West</u> of <u>Benoit</u>

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 JOINT WATER MANAGEMENT DISTRICT

Well / Borehole Data

Date drilling started: 7-1-09 Date drilling completed: 7-1-09 Hole depth: 120' Hole diameter: 26"

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) N/A

Static Water Level: 17 feet above or below (circle one) land surface Date measured: 7-2-09

Method of Measurement (circle one) steel tape electric tape air line other _____

Well depth: 120' Well grouted to a depth of 10 feet Type of grout (circle one): Best Cement Bentonite Mix _____

Casing length: 60 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 60 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*

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

County: Bolivar
Permit #: _____
Driller: John Rybolt IV
Date completed: 7-2-09
Cue information from block on Part 1

For Office Use Only:
Aquifer: _____
Well #: N 181
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>Farmer Planting Company</u>	Latitude: <u>N 33° 39' 22.56"</u> Longitude: <u>W 91° 01' 41.40"</u>
Mailing Address: <u>P.O. Box 239</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <u>X</u> , Survey-grade GPS _____
<u>Benoit</u> <u>MS</u> <u>38725</u> City State Zip Code	<u>SW</u> 1/4 <u>NE</u> 1/4 Sec. <u>15</u> T <u>21N</u> R <u>8W</u>
Telephone No. <u>(662) 379-0688</u>	Distance Direction Nearest Town <u>1</u> Miles <u>West</u> of <u>Benoit</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>7-2-09</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2500</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 <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>17</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	

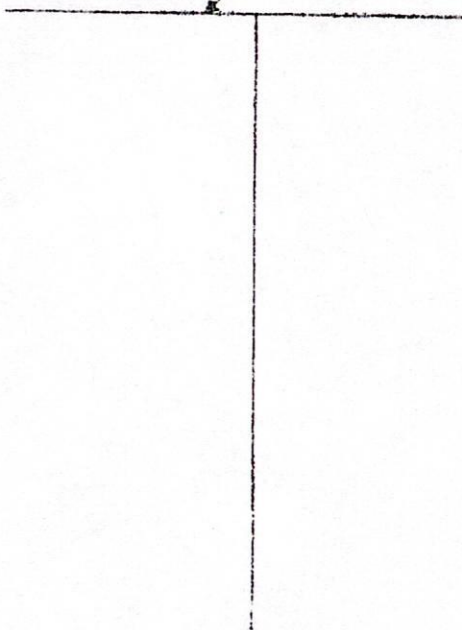
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Clayton Miller 0-703 Clayton Miller
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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7-6-05

The sketch below only required for water wells

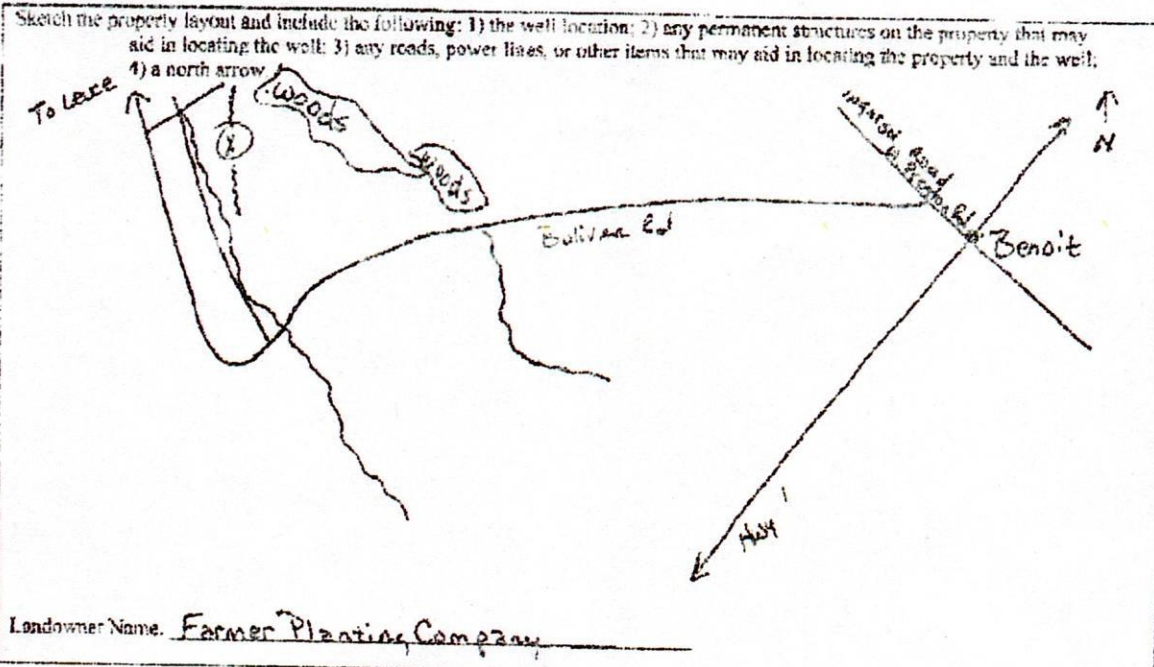
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.
Ground Level _____



Description of Formations Encountered	From (depth)	To (depth)
Top Sand	Ground Level	15
Sand	15	25
Fine Sand	25	50
Medium Sand + Pebbles	50	58
Coarse Sand + GRAVEL	58	120

If more than one screen, show location of each on sketch



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 7-4-09
 Print Name of Responsible Licensee and License No. Date

Clayton Miller
 Signature of Licensee