

APR-19-2007 13:50 From: MID SOUTH WATER

6628431717

To: 601 360 0535

P.2/4

#597  
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County: Bolivar  
 Permit #: GW 41679  
 Driller: David Canady  
 Date drilling completed: 3-14-07

**State Well Report**  
**Part 1 - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: Q-114  
 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>Larry Davis Farms</u>	Latitude: <u>N 33° 38' 56.9"</u> Longitude: <u>W 90° 52' 02.7"</u>
Mailing Address: <u>1320 Litton Rd</u>	Method of Lat/Lng (circle one): <u>Conventional Survey</u>
<u>Shaw</u> MS <u>38773</u>	USGS quad: <u>Hand-held (GPS)</u> Survey-grade GPS
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 24 Twn 21N Rng 7W</u>
Telephone No. <u>(662) 588-9132</u>	Distance <u>2</u> Miles <u>E</u> of <u>LONGHORN</u>

**Well / Borehole Data**

Dwc drilling started: 3-14-07 Date drilling completed: 3-14-07 Hole depth: 124' Hole diameter: 2.8"

Location of the source of any surface water used for drilling: OLD 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: 38' feet above or below (circle one) land surface Date measured: 3-20-07

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

Well depth: 124' Well grouted to a depth of 10 feet Type of grout (circle one): Best Cement Bentonite Mix

Casing length: 74' 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 74 feet to 124 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*

Note: Replacement Well  
 GW 7687



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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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

#### For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: Q-114  
 Elevation: \_\_\_\_\_

County: Bolivar  
 Permit #: GW41679  
 Driller: Scott Hood  
 Date completed: 3-21-07  
 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>Larry Davis Farms</u>	Latitude: <u>33° 38' 56.9"</u> Longitude: <u>90° 52' 02.7"</u>
Mailing Address: <u>1320 Litten Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Shaw</u> MS <u>38773</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 Sec 24 T21N R 7W</u>
Telephone No. <u>(662) 588-9132</u>	Distance Direction Nearest Town
	<u>2 Miles E of Longsight</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>50</u>
Date Pump Installed: <u>3-20-07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2400</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level
Circle one	Circle one
Date Well Tested: <u>NOT TESTED</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>38'</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: _____ 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.

Thomas G. Christava 0-703  
 Print Name of Pump Installer and License No. (if applicable)

Thomas G. Christava  
 Signature of Pump Installer