

State Well Report

Part I - 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 # Q-127
 L.S. Elevation: _____
 E-log #: _____

County Bolivar
 Permit #: GW43152
 Driller: Ronnie Dill
 Date drilling completed: 4-16-09

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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Chan-Mar Farms</u> <u>Larry Davis Farms</u>	Latitude: <u>N 33° 39' 36.02"</u> Longitude: <u>90° 55' 15.21"</u>
Mailing Address: <u>1320 Litton Road</u>	Method of Lat/Long (circle one): Conventional Survey, <u>36</u> <u>15</u>
City: <u>Shaw</u> MS <u>38773</u>	USGS quad, Hand-held GPS, Survey-grade GPS
State: _____ Zip Code: _____	<u>NE 1/4 NE 1/4 Sec 21 OK</u> Twn <u>21N</u> Rng <u>7W</u>
Telephone No. <u>(662) 754-5134</u>	Distance _____ Direction <u>21</u> Nearest town _____
	<u>S</u> Miles <u>East</u> of <u>Bessie</u>

Well / Borehole Data

Date drilling started: 4-16-09 Date drilling completed: 4-16-09 Hole depth: 115' 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: 33.5 feet above or below (circle one) land surface Date measured: 4-25-09

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

Well depth: 115' 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: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 75 feet to 115 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)

Replacement Well for GW08760

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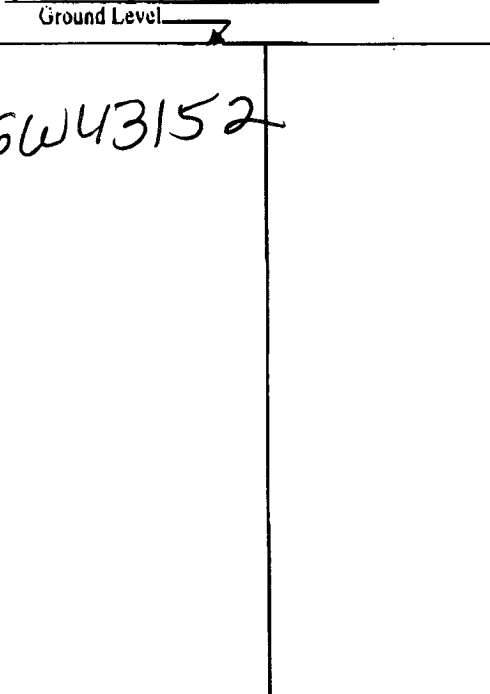
APR 28 2009

BY: OLWE

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The sketch below only required for water wells

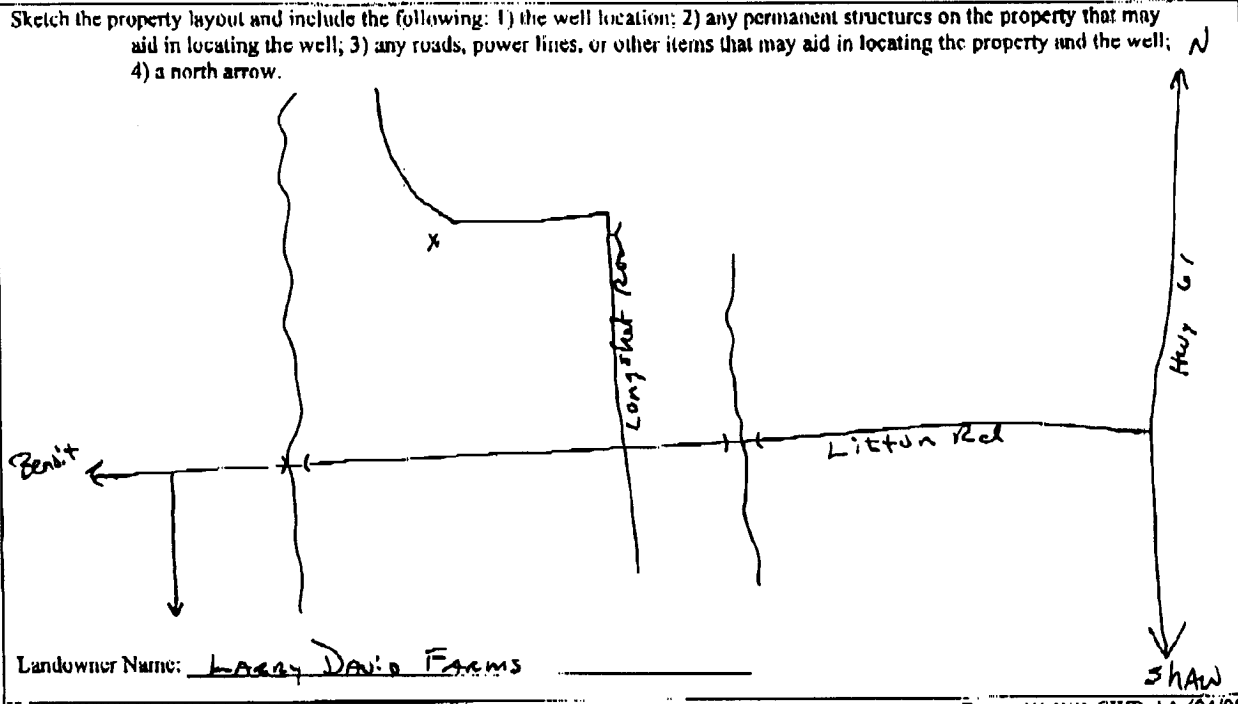
If well telescopes, show depths on sketch.



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)
Clay	Ground Level	15
Clay & Fine Sand	15	25
Medium Sand	25	35
Medium Sand & Coarse Red Gravel	35	45
Coarse Sand & Fine Sand	45	55
Fine Sand	55	65
Coarse Sand	65	75
Coarse Sand	75	85
Coarse Sand	85	95
Coarse Sand	95	105
Coarse Sand	105	115

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 4-27-09
 Print Name of Responsible Licensee and License No. Date

Clayton Miller
 Signature of Licensee

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 BY: OLWR

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 #: Q-127
 Elevation: _____

County: Bolivar
 Permit #: 6W43152
 Driller: John Rybolt IV
 Date completed: 4-25-09
 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>Larry Davis Farms</u>	Latitude: <u>N33° 39' 36.02"</u> Longitude: <u>W90° 53' 15.26"</u>
Mailing Address: <u>1320 Litton Road</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Shaw</u> MS <u>38773</u>	<u>NE 1/4 NE 1/4 Sec 21 T21N R 7W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 754-5134</u>	<u>5</u> Miles <u>East</u> of <u>Bendit</u>

Pump Type Circle one	Power Type 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): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>4-25-09</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 <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>33.5</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

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

Existing Pump

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APR 28 2009

BY: OLWP