

GW46331

County: Bolivar
 Permit #: GW-46331
 Driller: Clarence McMillin
 Date drilling completed: 5-30-12

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

For Office Use Only:
 Aquifer: _____
 Well #: 0165
 L.S. Elevation _____
 F-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>33° 33' 09"</u> Longitude: <u>90° 53' 22"</u>
Mailing Address: <u>1320 Litton Rd</u>	Method of Lat/Long (circle one): Conventional Survey, <input type="checkbox"/> Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS <input checked="" type="checkbox"/>
City: <u>Shaw</u> State: <u>MS</u> Zip Code: <u>38773</u>	USGS quad: <u>NW 1/4 SE 23 T2N R10W</u>
Telephone No.: <u>(662) 754-5134</u>	Distance: <u>9.62</u> Miles Direction: <u>SE</u> of Nearest Town: <u>Beant</u>

Well / Borehole Data

Date drilling started: 5-30-12 Date drilling completed: 5-30-12 Hole depth: 131' Hole diameter: 26"

Location of the source of any surface water used for drilling: old well near log

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: 37 feet above or below (circle one) land surface Date measured: 6-4-12

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

Well depth: 130' Well grouted to a depth of 10 feet Type of grout (circle one) Ncat Cement Bentonite Mix

Casing length: 80 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 80 feet to 130 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

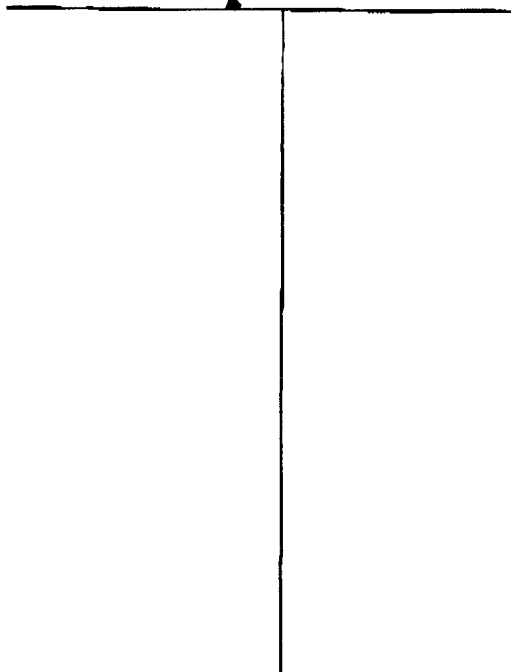
Top of lap pipe or reduction in casing: N/A feet *If telescoped or more than one screen, describe on next page*

0165

The sketch below only required for water wells

If well telescopes, show depths on sketch

Ground Level →

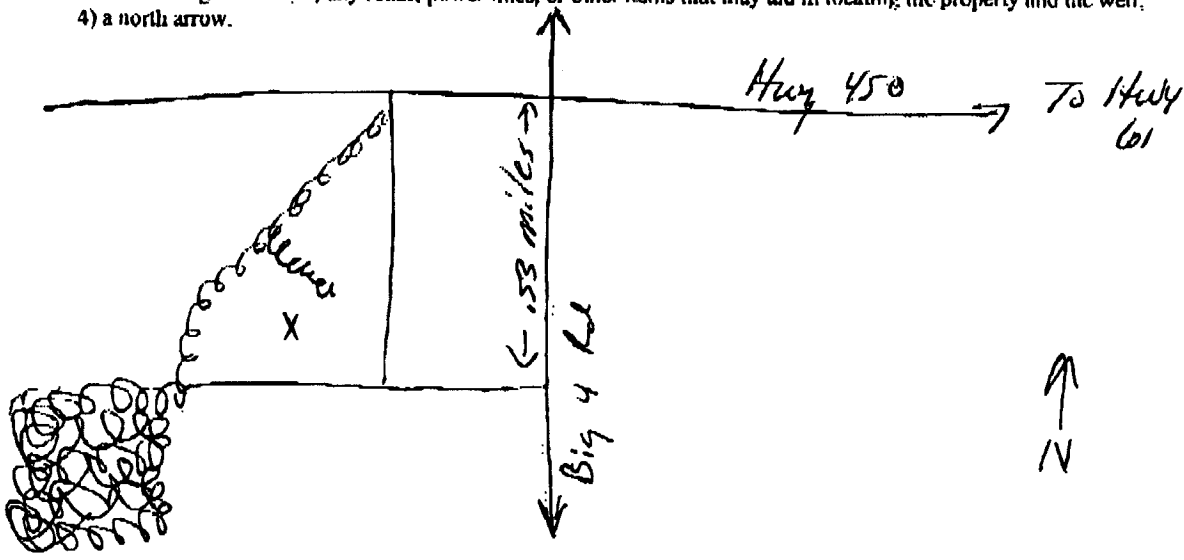


Description of formations encountered must be provided for all wells and borches. unless specifically exempted by regulations

Description of Formations Encountered	From (depth) To (depth)	
	Ground Level	
CLAY		13
Coarse Sand $\frac{1}{2}$ clay	13	19
Medium Sand & peb	19	37
Medial Coarse Sand with gravel	37	56
Medium Sand & peb with gravel	56	72
Coarse Sand & gravel	72	88
Medium / Coarse Sand with gravel	88	109
Coarse Sand & gravel	109	131

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: Larry Davis

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 0-7B 6-5-12 Clayton Miller
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

GW46331

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 #: 0165
 Elevation: _____

County: Doliver
 Permit #: GW-46321
 Driller: John Rybolt IV
 Date completed: 6-4-12
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</u>	Latitude: <u>N 33° 38' 05"</u> Longitude: <u>W 90° 53' 22"</u>
Mailing Address: <u>1320 Litton Rd</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
<u>Shaw</u> MS <u>38773</u> City State Zip Code	1/4 Sec <u>23</u> 1/2 <u>21W R 07W</u>
Telephone No. <u>(662) 754-5134</u>	Distance <u>9.62</u> Miles Direction <u>SE</u> of Nearest Town <u>Benoit</u>

Pump Type	Power Type
Circle one Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>6-4-12</u> Rated Pump Capacity: _____ Gallons Per Minute	Circle one Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill <input type="checkbox"/> Other (specify): <u>6cc Drive</u> Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>80</u> feet Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>NOT TESTED</u>	Circle one Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/> Other (specify): _____
Static Water Level (A): <u>37</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>n/a</u> feet
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Drawdown ((B) - (A)): <u>n/a</u> Feet Below Land Surface	
Test Pumping Rate: <u>n/a</u> Gallons Per Minute	
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