

County: Bolivar
 Permit #: 66042841
 Driller: Bonnie Dill
 Date drilling completed: 7-25-08

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-204
 L.S. Elevation: _____
 B-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>Information on Well Owner <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>C.W. Jones</u> Mailing Address: <u>266 O'Reilly Rd.</u> <u>Boyle MS 38730</u> City State Zip Code Telephone No. <u>(662) 721-7780</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>33° 40' 22"</u> Longitude: <u>90° 45' 16"</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS NW¼ NE¼ Sec <u>18</u> Twn <u>21N</u> Rng <u>5W</u> Distance Direction Nearest Town _____ Miles _____ of <u>Boyle</u></p>
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Well / Borehole Data

Date drilling started: 7-25-08 Date drilling completed: 7-25-08 Hole depth: 130' Hole diameter: 26"
 Location of the source of any surface water used for drilling: existing well - ricefield
 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: 34' feet above or below (circle one) land surface Date measured: 8-29-08
 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): Neat Cement Bentonite Mix
 Casing length: 70 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 70 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*

Replacement Well for GW09923

00042841

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-204
 Elevation _____

County Bolivar
 Permit # _____
 Driller John Rybolt IV
 Date completed 8-29-08
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>C.W. Jones</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>266 O'Reilly Rd.</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey <input type="checkbox"/>
<u>Boyle</u> <u>MS</u> <u>38730</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>17</u> T <u>21N</u> R <u>5W</u>
Telephone No. <u>(662) 721-7780</u>	Distance _____ Direction <u>18</u> Nearest Town _____
	Miles _____ of <u>Boyle</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>	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>60hp</u>
Date Pump Installed: <u>8-29-08</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: _____ 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 type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>34</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 (maximum 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

New Well - Existing Pump

Form: OLWR-SWR-1B (01/08)