

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)981-5210
 (601)981-5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: Q-205
 I. S. Elevation: _____
 E-log #: _____

County: Bolivar
 Permit #: GW93151
 Driller: Ronnie Dill
 Date drilling completed: 4-21-09

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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>C.W. Jones Farms</u>	Latitude: <u>N33° 41' 34.91"</u> Longitude: <u>W90° 44' 27.65"</u>
Mailing Address: <u>266 O'Reilly Road</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>28</u>
<u>Boyle</u> <u>MS</u> <u>38730</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 5 - Twn 21N Rng 5W</u>
Telephone No. <u>(662) 843-8589</u>	Distance Direction Nearest Town Miles of <u>Boyle</u>

Well / Borehole Data

Date drilling started: 4-21-09 Date drilling completed: 4-21-09 Hole depth: 120' 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) _____

Static Water Level: 46 feet above or below (circle one) land surface Date measured: 4-24-09

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): Neat 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 Undeamed 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 Old Hill Well)
for GW9920

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

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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-205
 Elevation: _____

County: Solivar
 Permit #: 06643151
 Driller: John Rybolt IV
 Date completed: 4-24-09
 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>C.W. Jones Farm</u>	Latitude: <u>N33° 41' 34.91"</u> Longitude: <u>W90° 44' 22.65"</u>
Mailing Address: <u>266 O'Reilly Road</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Boyle</u> <u>MS</u> <u>38730</u>	_____ 1/4 _____ 1/4 Sec <u>S T 21 N R 5 W</u>
City State Zip Code	Distance _____ Direction _____ Nearest Town _____
Telephone No. (662) <u>843-8589</u>	_____ 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> <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): <u>Gear Drive</u>
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>4-24-09</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1800</u> Gallons Per Minute	Number of Stages: <u>2</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>46</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) Signature of Pump Installer

Existing Pump

Form: OLWR-SWR-18 (04/08) RECEIVED

APR 27 2009

BY: OLWR