

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-206
I. S. Elevation
E-log #

County: BOLIVAR
Permit #: OLW43158
Driller: Ronald 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 (Landowner if borehole is not for a water well)
Owner Name: C.W. Jones, Farm
Mailing Address: 266 O'Reilly Road
Boyle MS 38730
Telephone No. (662) 843-8589
Well or Borehole Location
Latitude: 33° 41' 01.31" Longitude: 90° 45' 31.52"
Method of Lat/Long (circle one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
SW 1/4 NW 1/4 Sec 7 Twn 21N Rng 5W
Distance: West of Boyle

Well / Borehole Data
Date drilling started: 4-16-09 Date drilling completed: 4-16-09 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 X 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 X Fish Culture Other:
If a flowing well, method of flow regulation: Valve Other (describe) N/A
Static Water Level: 39.7 feet above or below (circle one) land surface Date measured: 4-28-09
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: 66 feet Casing diameter: 16 inches Type of casing: PVC
Screen length: 54 feet Screen diameter: 16 inches Type of screen: PVC
Screen slot size: .050 inches Setting depth: From 66 feet to 120 feet
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe):
Top of tap 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 6W09919

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Q-206

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

GW43158

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
Fine Sand & Some Clay	25	35
Fine Sand & Coarse pea Gravel	35	45
Coarse Sand & Gravel	45	55
Coarse Sand & GRAVEL	55	65
Coarse Sand & Gravel	65	75
Coarse Sand & GRAVEL	75	85
Coarse Sand & Fine Sand	85	95
Coarse Sand & Gravel	95	105
Coarse Sand & Gravel	105	115
Coarse Sand & Gravel	115	120

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: C.W. Jones, Farms

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.

Print Name of Responsible Licensee and License No. Clayton Miller 0-703 4-29-09 Date

Signature of Licensee Clayton Miller

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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 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: Q-206

Elevation: \_\_\_\_\_

County: Bolivar  
 Permit #: 60043198  
 Driller: John Rybolt IV  
 Date completed: 4-28-09  
 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' 01.31"</u> Longitude: <u>W90° 45' 31.92"</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> City State Zip Code	____ % ____ % Sec ____ T ____ R
Telephone No. <u>(662) 843-8589</u>	Distance Direction Nearest Town ____ Miles <u>West</u> 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): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>4-28-09</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>1500</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>39.7</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 <u>N/A</u> 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)

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