

### State Well Report Part 1 - 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)981-5228 (fax)

County: Bolivar  
 Permit #: GW-43804  
 Driller: Clarence McMurtry  
 Date drilling completed: 5-30-11

For Office Use Only:  
 Aquifer: Q 213  
 Well #: \_\_\_\_\_  
 L. S. Elevation: \_\_\_\_\_  
 E-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>Dean Partnership</u>	Latitude: <u>33° 41' 45"</u> Longitude: <u>90° 40' 15"</u>
Mailing Address: <u>21 Sunrise Dr</u>	Method of Lat/Long (circle one) Conventional Survey,
<u>Boyle</u> <u>MS</u> <u>38730</u>	USGS qual. <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 1 Twa 21N Rng 5W</u>
Telephone No. <u>(662) 846-7584</u>	Distance Direction Nearest Town
	<u>3.5 Miles East of Boyle</u>

**Well / Borehole Data**

Date drilling started: 5-30-11 Date drilling completed: 5-30-11 Hole depth: 125' Hole diameter: 26"

Location of the source of any surface water used for drilling: near by ditch

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: 48 feet above or below (circle one) land surface Date measured: 6-6-11

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

Well depth: 125' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 25 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 1.050 inches Setting depth: From 75 feet to 125 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*

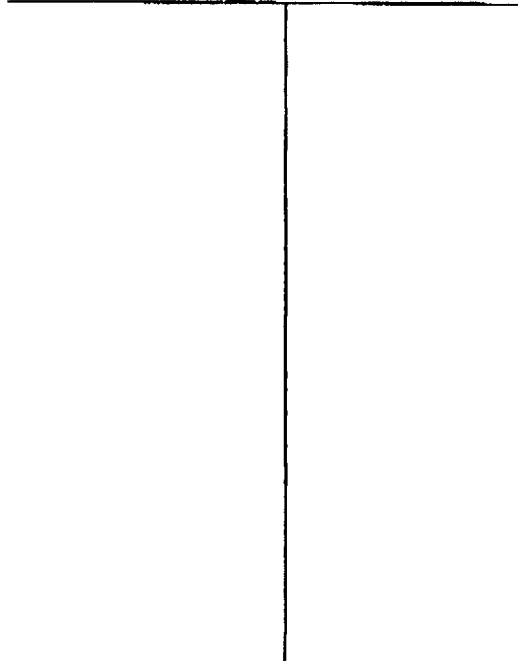
0213

The sketch below only required for water wells

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

If well telescopes, show depths on sketch.

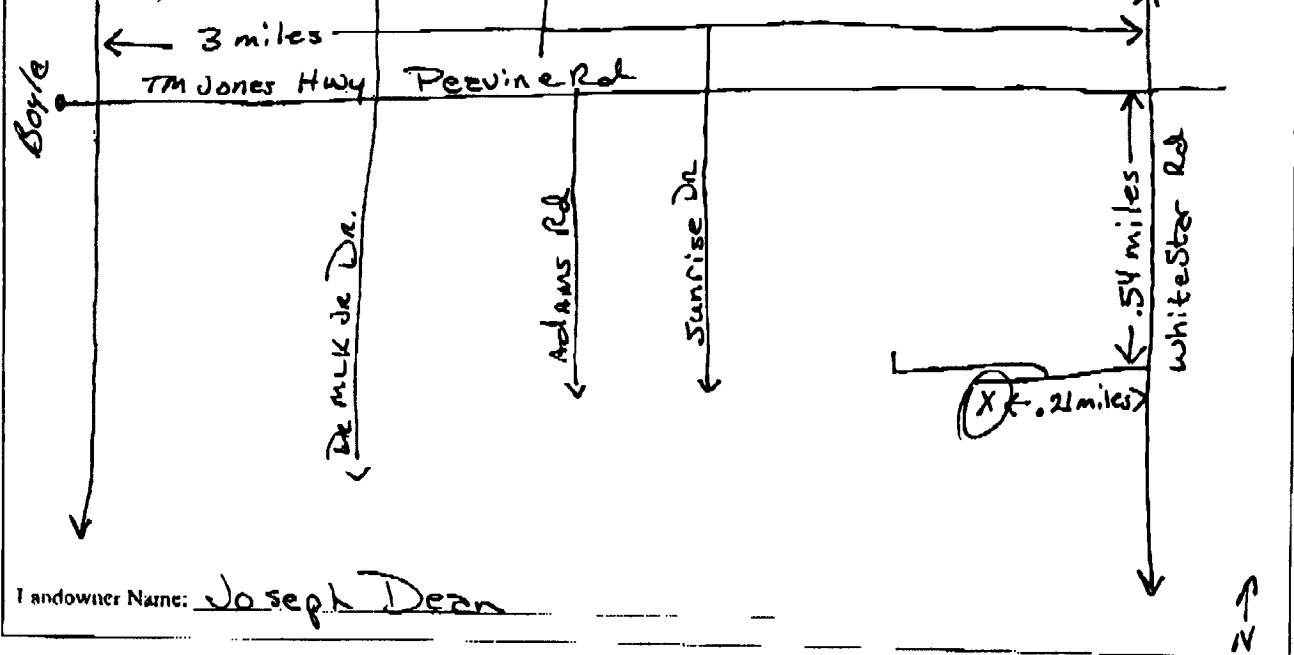
Ground Level →



Description of Formations Encountered	From (depth)	To (depth)
Top Sand	Ground Level	14
Clay	14	34
Coarse Sand & Pebbles	34	44
Clay & Medium Sand	44	60
Medium/Fine Sand	60	66
Medium Sand	66	76
Medium/Coarse Sand & Pebbles	76	125

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: Joseph Dean

Form: OLWK-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 6-9-11  
Print Name of Responsible Licensee and License No. Date

Clayton Miller  
Signature of Licensee

### 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)

County: Bolivar  
 Permit #: 66-43804  
 Driller: John Rybolt IV  
 Date completed: 6-6-11  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: Q213  
 Elevation: \_\_\_\_\_

*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**  
 Owner Name: Dean Partnership  
 Mailing Address: 21 Sunrise Dr  
Boyle MS 38730  
 City State Zip Code  
 Telephone No. (662) 846-7584

**Well Location**  
 Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
 Method of Lat/Long (check one): Conventional Survey \_\_\_\_\_  
 USGS quad \_\_\_\_\_ Hand-held GPS  Survey-grade GPS \_\_\_\_\_  
 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Sec 1 T 21/R SW  
 Distance Direction Nearest Town  
3.5 Miles East of Boyle

**Pump Type**  
 Circle one  
 Air Lift Jet Submersible  
 Bucket Piston Turbine  
 Centrifugal Rotary Flowing Well  
 Other (specify): \_\_\_\_\_  
 Date Pump Installed: 6-6-11  
 Rated Pump Capacity: \_\_\_\_\_ Gallons Per Minute

**Power Type**  
 Circle one  
 Diesel Engine Gasoline Engine Natural Gas  
 Electric Motor Hand Tractor PTO  
 Windmill Other (specify): Gear Drive  
 Horse Power Rating of Motor: 60  
 Setting Depth: 70 feet  
 Number of Stages: 2

**Pump Test Data**  
 Date Well Tested: NOT TESTED  
 Static Water Level (A): 48 Feet Below Land Surface  
 Pumping Water Level (B): N/A Feet Below Land Surface  
 Drawdown ((B) - (A)): N/A Feet Below Land Surface  
 Test Pumping Rate: N/A Gallons Per Minute  
 Duration of Pump Test (minimum 4 hours): N/A hours

**Method of Measuring Water Level**  
 Circle one  
 Air Line Electric Measuring Line Steel Tape  
 Other (specify): \_\_\_\_\_  
 For flowing well, measured shut in head: N/A feet  
 Well yielded N/A GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

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