

County: Bolivar  
 Permit #: GW-45974 /  
 Driller: Clarence M. Murray  
 Date drilling completed: 4-12-12

**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)961-5228 (fax)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: Q216  
 I. 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.*

| Information on Well Owner<br>(Landowner if borehole is not for a water well)  | Well or Borehole Location   |
|---|---|
| Owner Name: <u>Satterfield Circle Farms</u>   | Latitude: <u>N33° 35' 18.8"</u> Longitude: <u>90° 44' 58.34"</u>                          |
| Mailing Address: <u>113 Palmer-Satterfield Rd</u>   | Method of Lat/Long (circle one): <u>Conventional Survey</u>                               |
| <u>Benoit</u> <u>MS</u> <u>38725</u>  | ITSGS quad, <u>hand-held GPS</u> Survey-grade GPS   |
| City State Zip Code   | <u>SE 1/4 NE 1/4 Sec 19 / Twn 21 N Rng 5 W</u>  |
| Telephone No. <u>(662) 721-7003</u>   | Distance Direction Nearest Town   |
|   | <u>4</u> Miles <u>14</u> of <u>Sharon</u>   |
|   | <u>#1555</u>  |
| Well / Borehole Data  |   |
| Date drilling started: <u>4-12-12</u>   | Date drilling completed: <u>4-12-12</u> Hole depth: <u>122'</u> Hole diameter: <u>26"</u> |
| Location of the source of any surface water used for drilling: <u>nearby well</u>   |   |
| Method of dosing and volume of Chlorine used in drilling and development: _____   |   |
| Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____   |   |
| Name of organization running log(s): _____  |   |
| Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ |   |
| Seismic Survey _____ Other (describe) _____   |   |
| <i>If drilling is not related to water well construction, skip the remainder of this block</i>  |   |
| 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: <u>47</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>4-19-12</u>  |   |
| Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____  |   |
| Well depth: _____ Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix                                  |   |
| Casing length: <u>72</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>  |   |
| Screen length: <u>50</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>  |   |
| Screen slot size: <u>.050</u> inches Setting depth: From <u>72</u> feet to <u>122</u> feet  |   |
| Type of completion (circle all applicable): <u>gravel packed</u> Underreamed Telescoped Open hole Natural Development                                     |   |
| Other (describe) _____  |   |
| Top of lap pipe or reduction in casing: <u>N/A</u> feet. <i>If telescoped or more than one screen, describe on next page</i>                              |   |



# 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 #: Q216  
 Elevation: \_\_\_\_\_

County: Bolivar  
 Permit #: BW-45974  
 Driller: John Rybolt  
 Date completed: 4-19-12  
*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>Satterfield Circle Farms</u>       | Latitude: <u>N33° 39' 18.27"</u> Longitude: <u>W90° 44' 58.38"</u>  |
| Mailing Address: <u>113 Palmer-Satterfield Rd</u> | Method of Lat/Long (check one): Conventional Survey _____<br>USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ |
| <u>Benic MS 38725</u><br>City State Zip Code      | 1/4 _____ 1/4 Sec <u>19</u> T <u>21N</u> R <u>5W</u>  |
| Telephone No. <u>(662) 721-7003</u>               | Distance Direction Nearest Town<br><u>4</u> Miles <u>N</u> of <u>Shaw</u>   |

| Pump Type<br>Circle one                       | Power Type<br>Circle one                    |
|---|---|
| Air Lift Jet Submersible                      | Diesel Engine Gasoline Engine Natural Gas   |
| Bucket Piston <u>Turbine</u>                  | Electric Motor Hand Tractor PTO             |
| Centrifugal Rotary Flowing Well               | Windmill Other (specify): <u>Gear Drive</u> |
| Other (specify): _____                        | Horse Power Rating of Motor: <u>60</u>      |
| Date Pump Installed: <u>4-19-12</u>           | Setting Depth: <u>80</u> feet               |
| Rated Pump Capacity: _____ Gallons Per Minute | Number of Stages: <u>1</u>                  |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one  |
|---|--|
| Date Well Tested: <u>NOT TESTED</u>                         | Air Line <u>Electric Measuring Line</u> Steel Tape                                     |
| Static Water Level (A): <u>47</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 <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