

STATE WELL REPORT

Part I

Driller's Log

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 (601)961-5210
 (601)360-0535 (fax)

For Office Use Only:

Well #: 9205
 Aquifer: _____
 E-Log #: _____

County: Boliver
 Permit #: GW-49588
 Driller: Clarence McMurry
 Date drilling completed: 7-8-16

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.

Well Owner Information 2351 (Landowner if borehole is not for a water well)		Well or Borehole Location	
Owner Name: <u>Griffith Farms</u>		Latitude: <u>33° 38' 29.95"</u> Longitude: <u>90° 43' 12.09"</u>	
Mailing Address: <u>1330 Hwy 446</u>		Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
<u>Boyle</u> City	<u>MS</u> State	<u>38730</u> Zip Code	<u>SE 1/4 NW 1/4, Sec 28 T.22N R.05W</u>
Telephone No. <u>(662) 588-5491</u>		<u>4.15</u> Miles <u>NE</u> of <u>Shaw</u> (Distance) (Direction) (Nearest Town)	

Well / Borehole Data

Date drilling started: 7-8-16 Date drilling completed: 7-8-16 Hole depth: 125' Hole diameter: 23"

Location of the source of any surface water used for drilling: supply 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 (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 46 feet [above or below] land surface Date measured: 7-9-16
(circle one)

Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

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

Casing length: 85 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 85 feet to 125 feet

Type of completion (circle all applicable): Gravel packed Underreamed 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

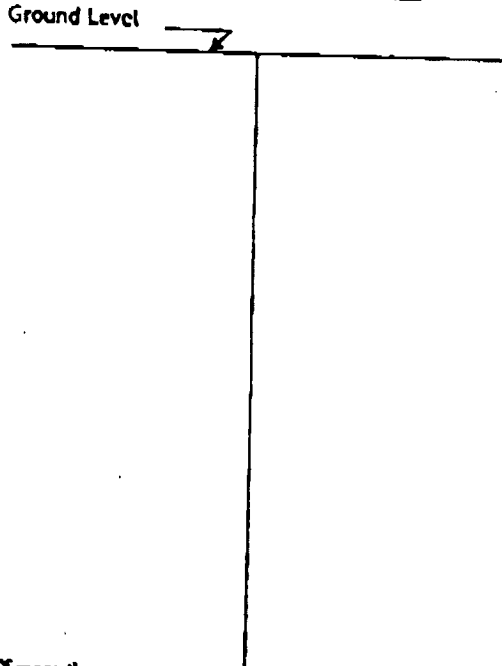
Replacement Well

County: Bolivar
Permit #: GW-49588

For Office Use Only:
Well #: 4005

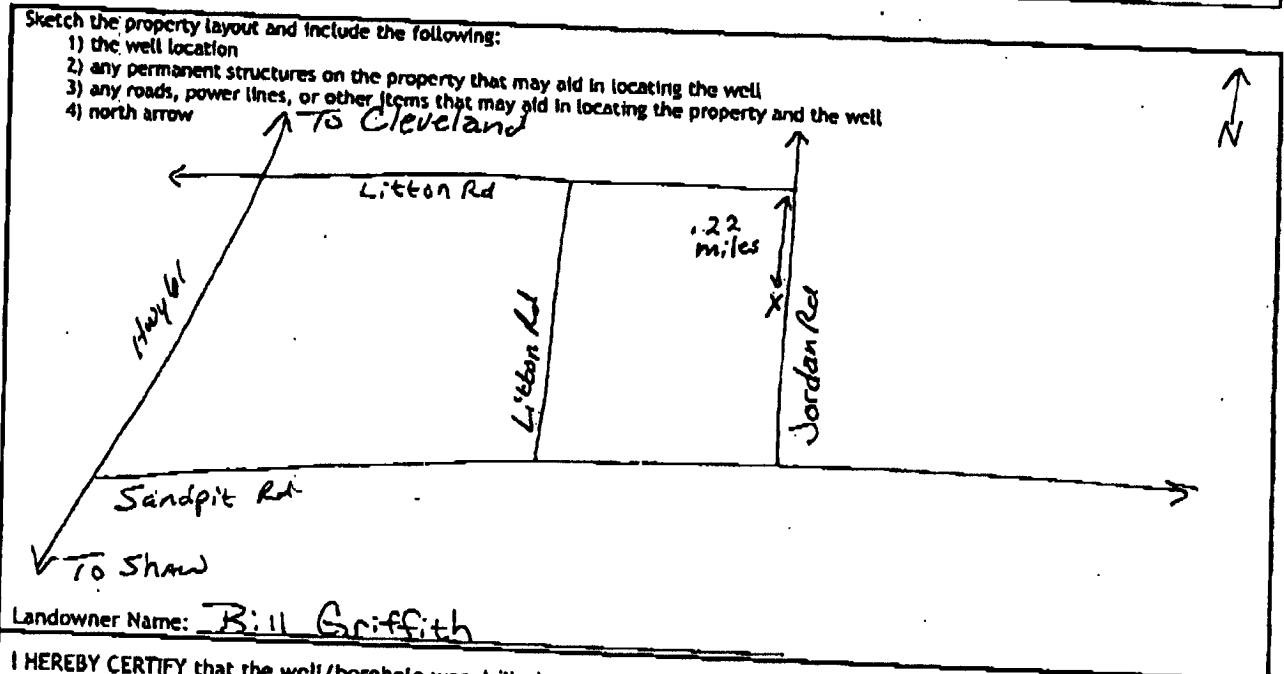
The sketch below only required for water wells
If well telescopes, show depths on sketch.

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	25	45
Medium Sand	45	55
Medium Sand	55	65
Coarse Sand	65	75
Medium Sand	75	85
Medium Sand	85	95
Coarse Sand & Pea Gravel	95	105
Coarse Sand	105	115
Coarse Sand & Pea Gravel	115	125

If more than one screen, show location of each on sketch



I HEREBY 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 7-12-16 Clayton Miller
Print Name of Responsible Licensee and License No. Date 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 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

For Office Use Only:

Well #: Q575
 Aquifer: _____

County: Bolivar
 Permit #: GW-49588
 Driller: Scott Hood
 Date completed: 7-9-16
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 <u>2382</u>			Well Location		
Owner Name: <u>KNB Farms</u>			Latitude: <u>33° 38' 28.95"</u> Longitude: <u>90° 43' 12.09"</u>		
Mailing Address: <u>306 Ronaldman Rd</u>			Method of Lat/Long (check one): Conventional Survey _____		
City: <u>Cleveland</u> State: <u>MS</u> Zip Code: <u>38732</u>			USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____		
Telephone No. <u>(662) 822-7359</u>			<u>SE</u> 1/4 <u>NW</u> 1/4, Sec <u>28</u> T <u>22N</u> R <u>05W</u>		
			<u>4.15</u> Miles <u>NE</u> of <u>Sham</u>		
			(Distance) (Direction) (Nearest Town)		

Pump Type (circle one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 7-9-16 Rated Pump Capacity: _____ Gallons Per Minute
 Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: 20 Setting Depth: 80 feet Number of Stages: 1

Pump Test Data for Non Flowing Well
 Date Well Tested: NOT TESTED Duration of Pump Test (minimum 4 hours): N/A hours
 Static Water Level (A): 46 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
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well
 Measured shut in head: _____ feet.
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation 14
 Meter Manufacturer: _____ Meter Serial Number: _____
 Meter Model Number/Name: _____ Type of Meter: _____
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
 Installation Date: _____ Meter installed by: _____
 Is This Meter (circle one): New Repaired Replacement
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Clayton Miller 0-703 7-12-16 Clayton Miller
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Repaired existing pump. Placed in Replacement well for Griffith Farms Form: QLWR-SWR-1B (1/13)