

### State Well Report

#### Part 1 - Driller's Log

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: Bolivar  
 Permit #: 60042502  
 Driller: Eddie Holke  
 Date drilling completed: 4-23-08

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: 5-126  
 L.S. Elevation: \_\_\_\_\_  
 F-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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>R.D. REED Farms</u>	Latitude: <u>N32° 33' 17.6"</u> Longitude: <u>W90° 52' 52.1"</u>
Mailing Address: <u>102 Peninsula Dr</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Leland MS 38756</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	SW 1/4 <u>N</u> 1/4 Sec <u>25</u> Twn <u>20a</u> Rng <u>7w</u>
Telephone No. <u>(662) 379-1645</u>	Distance _____ Direction _____ Nearest Town _____
	Miles _____ of _____
	<u>Leland Quad</u>

**Well / Borehole Data**

Date drilling started: 4-23-08 Date drilling completed: 4-23-08 Hole depth: 108' Hole diameter: 26"

Location of the source of any surface water used for drilling: existing 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: 34 feet above or below (circle one) land surface Date measured: 4-24-08

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

Well depth: 108' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 58 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .050 inches Setting depth: From 58 feet to 108 feet

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

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5-126

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level \_\_\_\_\_

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	14
Coarse Sand	14	24
Fine Sand	24	34
Medium Sand	34	44
Coarse Sand & Gravel	44	54
Coarse Sand & Gravel	54	64
Coarse Sand & Gravel	64	74
Coarse Sand & Gravel	74	84
Coarse Sand & Gravel	84	94
Coarse Sand & Gravel	94	108

If more than one version, 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: Rodney Reed

Form: OLWR-SWR-1A

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 all laws.

Clayton Miller 0-703 05-16-08

Clayton Miller

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Print Name of Responsible Licensee and License No.

Date

Signature of Licensee

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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

#### For Office Use Only:

Aquifer \_\_\_\_\_

Well #: 5-126

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

County Bolivar  
 Permit # 06042902  
 Driller Fredrick Mitchell  
 Date completed 4-24-08  
*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>R.D. REED Farm</u>	Latitude: <u>N33°33'17.6"</u> Longitude: <u>W090°52'59.6"</u>
Mailing Address: <u>102 Peninsula Dr</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Leland MS 38756</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
Telephone No. <u>(662) 379-1645</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

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"/>	<u>Electric Motor</u> <input checked="" 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>60hp</u>
Date Pump Installed: <u>4-24-08</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>1</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>34</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (H): <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
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	<u>N/A</u> feet after <u>N/A</u> hours of pumping
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-1H

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