

AUG-13-2008 14:46 From: MID SOUTH WATER

6628431717

To: 6013600535

P. 2/4

County: Bolivar  
 Permit # \_\_\_\_\_  
 Driller: Ronnie Dill  
 Date drilling completed: 7-29-08

**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)981-5210  
 (601)961-5228 (fax)

For Office Use Only:  
 Aquifer \_\_\_\_\_  
 Well # 5-129  
 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.*

<b>Information on Well Owner</b> (Landowner if borehole is not for a water well) Owner Name: <u>Indian Lakes Duck Club</u> Mailing Address: <u>P.O. Box 63</u> <u>Shelby</u> <u>MS</u> <u>38774</u> City State Zip Code Telephone No. <u>(662) 820-8495</u>		<b>Well or Borehole Location</b> Latitude: <u>33° 36' 08"</u> Longitude: <u>90° 57' 02"</u> Method of Lat/Long (circle one): <u>48</u> Conventional Survey USGS quad. <u>Hand-held GPS, Survey-grade GPS</u> N 1/4 <u>NW</u> 1/4 Sec. <u>8</u> Twp. <u>20N</u> Rng. <u>7W</u> Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____
---	--	--

**Well / Borehole Data**

Date drilling started: 7-29-08 Date drilling completed: 7-29-08 Hole depth: 135' 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 X Ground Source Heat Pump \_\_\_\_\_  
 Seismic Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_  
*If drilling is not related to water well construction, ship 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: 40 feet above or below (circle one) land surface Date measured: 8-9-08

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

Well depth: 130' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 90 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 90 feet to 130 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*

Replacement Well

Form: OLWR-SWR-VTD-006

RECEIVED

AUG 13 2008

BY: OLWR



AUG-13-2008 14:46 From: MID SOUTH WATER

6628431717

To: 6013600535

P. 4/4

### 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 #: \_\_\_\_\_  
 Driller John Rybolt IV  
 Date completed 8-9-08  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: 5-129  
 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	Well Location
Owner Name: <u>Indian Lakes Duck Club</u>	Latitude: <u>N 30° 05' 57.6"</u> Longitude: <u>W 090° 55' 48.2"</u>
Mailing Address: <u>P.O. Box 63</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey <u>33 36 8</u>
<u>Shelby</u> <u>MS</u> <u>38774</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 NW 1/4 Sec 8 T 204 R 71W</u>
Telephones No. <u>(662) 820-8495</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>	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>60</u>
Date Pump Installed: <u>8-9-08</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: _____ 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>40</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 _____ 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

New well

**RECEIVED**  
 Form: OLWR-SWR-16 (04/08)  
 AUG 13 2008  
 BY: OLWR