

### 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)

County: Bolivar  
 Permit #: GW 44295  
 Driller: Clarence McMurry  
 Date drilling completed: 4-27-10

For Office Use Only:  
 Aquifer: S 143  
 Well #: \_\_\_\_\_  
 I. 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>LARRY DAVIS FARMS</u>	Latitude: <u>33° 35' 53.8"</u> Longitude: <u>90° 54' 6.89"</u>
Mailing Address: <u>1320 Litton Rd</u>	Method of Lat/Long (circle one): <u>SA</u> Conventional Survey <u>07</u>
City: <u>Shaw</u> MS <u>38773</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
State: <u>MS</u> Zip Code: <u>38773</u>	<u>NE</u> 1/4 <u>NE</u> 1/4 Sec <u>10</u> Twn. <u>20N</u> Rng <u>7W</u>
Telephone No. (662) <u>754-5134</u>	SE Distance: <u>8</u> Miles Direction: <u>W</u> of Nearest Town: <u>SHAW</u>

**Well / Borehole Data**

Date drilling started: 4-27-10 Date drilling completed: 4-27-10 Hole depth: 120' 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: 38 feet above or below (circle one) land surface Date measured: 5-4-10

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

Well depth: 116' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 66 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 66 feet to 116 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

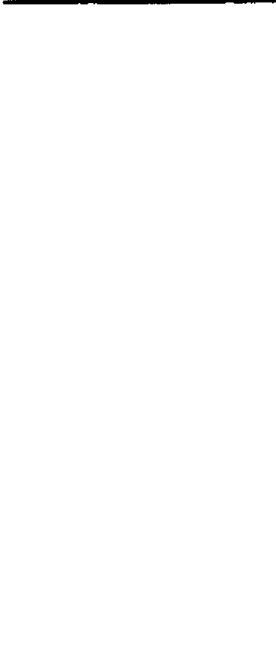
S143

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.

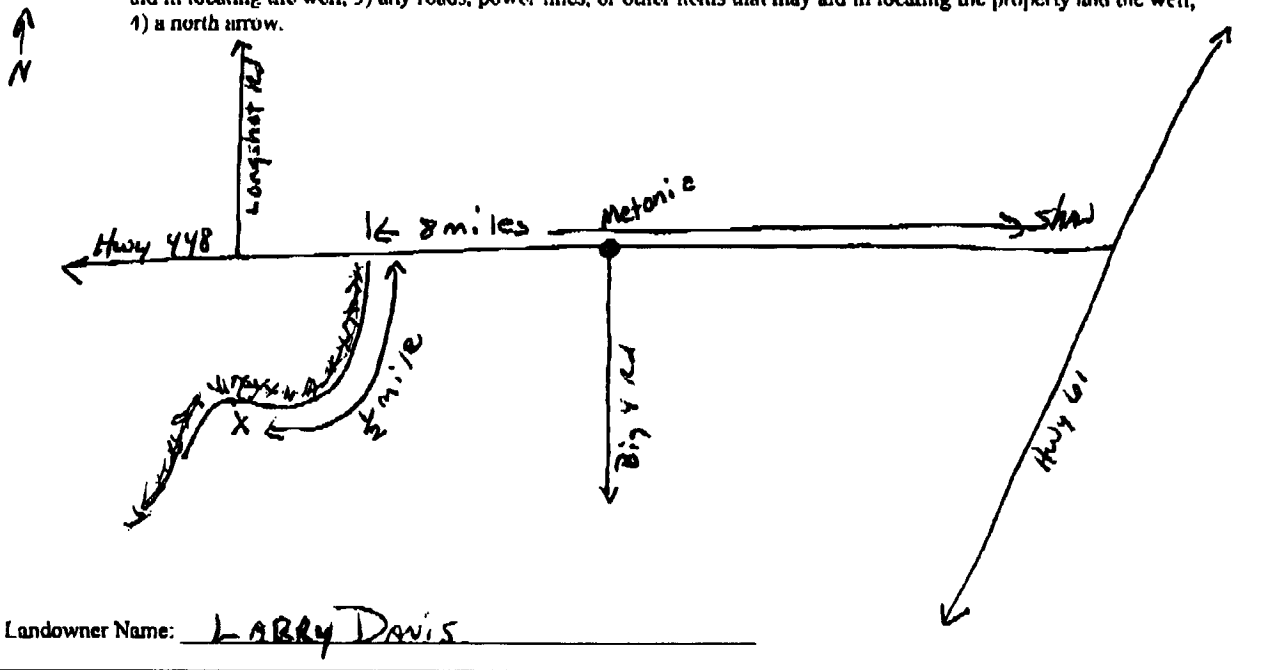
Ground level  $\rightarrow$  6W 44295



Description of Formations Encountered	From (depth)	To (depth)
CLAY	Ground level	20
Medium Sand	20	43
Medium Sand's pea gravel	43	60
Coarse Sand? pea gravel	60	101
Medium Sand Gravel? clay	101	111
Medium & Coarse Sand w/ pea gravel	111	120

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.



Form: OLWR-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 5-6-10  
Print Name of Responsible Licensee and License No. Date

Clayton Miller  
Signature of Licensee

### STATE WELL REPORT

County: BOLIVAR  
 Permit # GW44295  
 Driller John Rybolt IV  
 Date completed: 5-4-10  
*Copy information from block on Part 1*

**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: S143  
 Well #: \_\_\_\_\_  
 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>LARRY DAVIS FARMS</u>	Latitude: <u>N 33° 33' 53.80"</u> Longitude: <u>W 90° 51' 06.89"</u>
Mailing Address: <u>1320 Litton Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Shaw</u> <u>MS</u> <u>38773</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>10</u> <u>T 20N R 7W</u>
Telephone No. <u>(662) 754-5134</u>	Distance Direction Nearest Town
	<u>8</u> Miles <u>W</u> of <u>Shaw</u>

Pump Type Circle one	Power Type 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): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>5-4-10</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 <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>38</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 Clayton Miller  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer