

Part 2 never received

County: Bolivar
 Permit #: GW-43650
 Driller: Clarence Mc Murry
 Date drilling completed: 10-21-11

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: S150
 Well #: _____
 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.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Harry Davis Farms</u>	Latitude: <u>N33° 36' 42.31"</u> Longitude: <u>W90° 56' 29.78"</u>
Mailing Address: <u>1320 Litton Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Shaw</u> MS <u>38773</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 5</u> Twn <u>20N</u> Rng <u>7W</u>
Telephone No. <u>(662) 754-5134</u>	Distance Direction Nearest Town <u>4.75</u> Miles <u>SE</u> of <u>Benoit</u>
Well / Borehole Data	
Date drilling started: <u>10-21-11</u> Date drilling completed: <u>10-21-11</u> Hole depth: <u>120'</u> Hole diameter: <u>26"</u>	
Location of the source of any surface water used for drilling: <u>Near by 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 <input checked="" type="checkbox"/> Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: _____ feet above or <u>below</u> (circle one) land surface Date measured: _____	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Well depth: <u>118'</u> Well grouted to a depth of <u>20'</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix	
Casing length: <u>68'</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>68'</u> feet to <u>118'</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>	

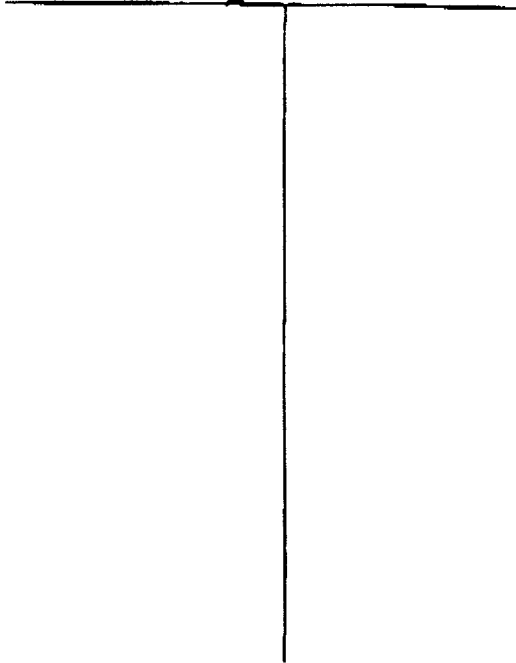
Well Only

5150

The sketch below only required for water wells.

If well telescopes, show depths on sketch.

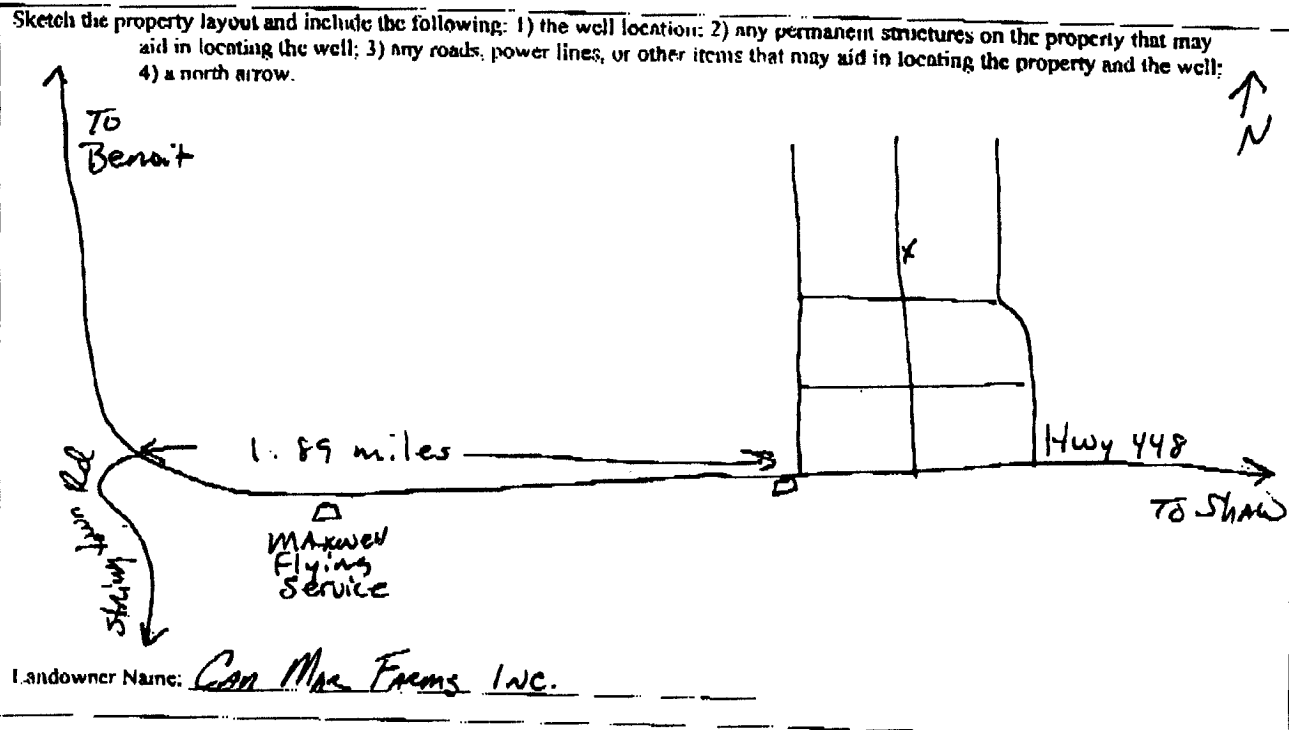
Ground Level →



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 Top Soil Sand	Ground Level	17
Medium Sand & pea gravel	17	52
Medium/Coarse Sand & gravel	52	92
Medium Sand	92	98
Coarse Sand & gravel	98	113
Clay	113	120

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



Landowner Name: Can Max Farms Inc.

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 10-24-11 Clayton Miller
Print Name of Responsible Licensee and License No. Date Signature of Licensee