

State Well Report

Part 1 - Driller's Log

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 #: GW-43651 ✓
 Driller: Clarence McMurtry
 Date drilling completed: 6-30-12

For Office Use Only:
 Aquifer: _____
 Well #: 5159
 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° 34' 26.1"</u> Longitude: <u>90° 53' 32.8"</u>
Mailing Address: <u>B20 Litton Road</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Shaw</u> MS <u>38773</u>	<u>NW 1/4 NE 1/4 Sec 23</u> ✓ <u>Twn 20N</u> ✓ <u>Rng 07W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 588-9132</u>	<u>? Miles West of Shaw</u>
	<u>#1633</u>

Well / Borehole Data

Date drilling started: 6-30-12 Date drilling completed: 6-30-12 Hole depth: 125' Hole diameter: 26"

Location of the source of any surface water used for drilling: nearby ditch

Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): ~~No logs~~ 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: 3.7 feet above or ~~below~~ (circle one) land surface Date measured: _____

Method of Measurement (circle one) steel tape ~~electric tape~~ air line other: _____

Well depth: 119' Well grouted to a depth of 10 feet Type of grout (circle one): ~~Neat Cement~~ Urethane Mix

Casing length: 59 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 59 feet to 119 feet

Type of completion (circle all applicable): ~~Gravel packed~~ Underdrilled Telescoped Open hole Natural Development

Other (describe): _____

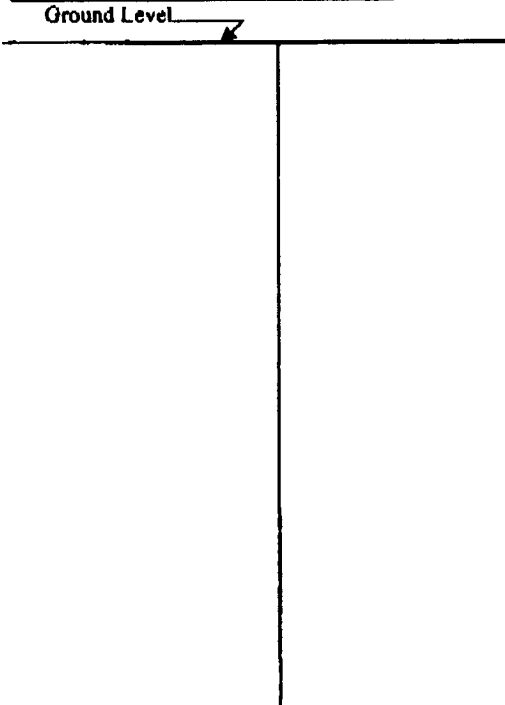
Top of lap pipe or reduction in casing: N/A feet *If telescoped or more than one screen, describe on next page*

S159

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

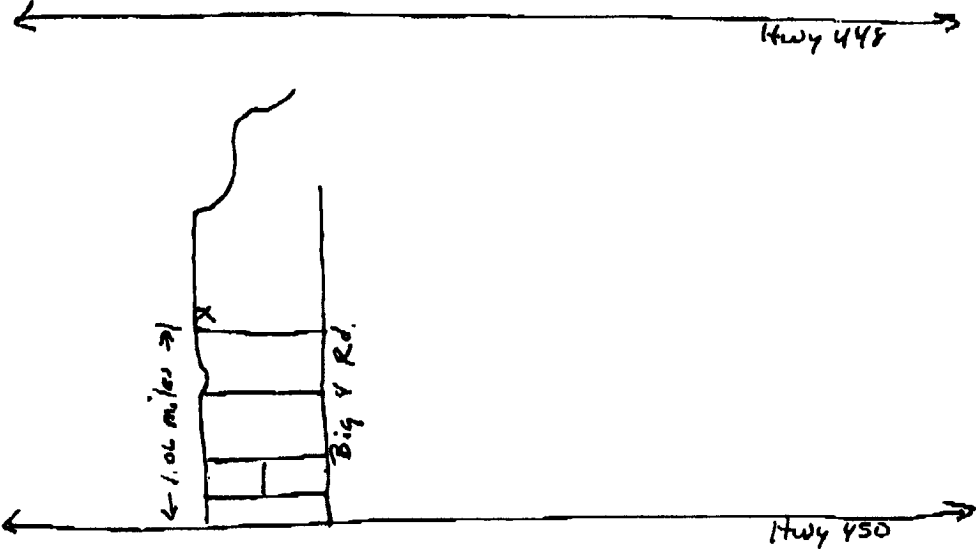
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
CLAY	Ground Level	16
CLAY & MEDIUM SAND	16	29
MEDIUM SAND & FINE GRAVEL	29	38
MEDIUM/COURSE SAND & GRAVEL	38	50
COURSE SAND & GRAVEL	50	125-

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.



Landowner Name: Sunflower Farms

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 0203 7-6-12 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
 (601)961-5210
 (601)961-5228 (fax)

County: Bolivar
 Permit #: GW-43651
 Driller: John Rybolt IV
 Date completed: 7-1-12
Copy information from block on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: 5159
 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>N33° 31' 26.41"</u> Longitude: <u>W90° 53' 32.18"</u>
Mailing Address: <u>1320 Litton Road</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <u>+</u> , Survey-grade GPS _____
<u>Shaw</u> MS <u>38773</u>	_____ 1/4 _____ 1/4 Sec <u>23</u> 1 <u>20N</u> R <u>07W</u>
City State Zip Code	Distance <u>2</u> Miles <u>West</u> Direction of <u>Shaw</u> Nearest Town
Telephone No. <u>(662) 588-9132</u>	

Pump Type	Power Type
Circle one	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"/>	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): <u>Gear Drives</u>
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>7-1-12</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>NOT TESTED</u>	Circle one
Static Water Level (A): <u>37</u> Feet Below Land Surface	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	Well yielded <u>N/A</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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