6628431717

JUN-30-2006	 From:MID	SOUTH	WATER
6.25-06			

6-25-06 D

County Bolivar
Permit #: 6W41190
willer: Shane Parthidge
Date drilling completed: 6/15/06

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)

For Office Use Only:			
Aquifer:			
Well# 7- 185)		
L. S. Elevation.			
E-log #			

State Law requires that this report he 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 horehole. Information on Well Owner Well or Borchole Location

(Landowner if borehole is not for a water well)	Non at the WOSh and
Owner Name Mercan Brotters Farms	Latitude: \(\frac{\sqrt{33} \cdot 36 \cdot 303}{36} \cdot \text{Longitude:} \(\frac{\sqrt{090}}{30} \cdot \frac{60}{47} \)
Mailing Address: PO. Box 369	Method of Lat/Long (circle one) Conventional Survey,
	USGS quad, Hand-hold GPS, Survey-grade GPS
Claveland, MS 38732	NI N Sec 5 TWINZON ROR 6 W
	Distance Direction Nearest Diver
Teluphone No (42 719 - 3389	
Well / B	nrcholc Data
Date drilling started: 6/15/06 Date drilling completed: 6/15	106 Hole depth: 123' Hole diameter. 22'
Lecenion of the source of any surface water used for drilling:	AND C velopment. 10 C35 SE 2
Logs run (circle all applicable) No log run Electric Camma R Name of organization running log(8):	ay Density Sonic Neutron Other:
Purpose of borohole (check one): Water Well Gentechnical/G	cological Investigation Ground Source Hear Pump
Seisanic Survey Other (descri If drilling is not related to water well construc	ibe)
Purpose of Well (check one): HomeIndustrialPublic Sup	plyIrrigation Fish Culture Other:
If a flowing well, method of flow regulation: Valve	Other (describe)
Static Water Level: 33 feet above or feelow princie on	a) land surface Date measured:
Method of Monsurement (circle one) steel tape coefficita	pe air line other:
Well depth: 12.3' Well groused to a depth of 10 feet 15	pe of grout (circle one Neat Cement) Bentonite Mix
Casing length: 63 feet Casing diameter: 16	inches Type of casing: PVC
Screen length: 50 feet Screen diameter: 16	
Screen slot size: 1050 inches Setting depth: Prom	63 feet to 113 feet
Type of completion (circle all applicable): Uravel packed Unc	derreamed Telescoped Open hole Natural Development
Other (describe):	
Top of tap pipe or reduction in casing feet. If	selescoped or more than one screen, describe on next page

Replaces GW12613

Form: OLWR-SWR-1A

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BY: OLWR

JUN-30-2006 07:44 From:MID SOUTH WATER

6628431717

To:601 360 0535

P.3/4

T-185

G. 25.0 6

The sketch below only required for water wells

If well telescopes, show depths on sketch.
Ground Level

6w4119D

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)
	Ground Level	
Claus	0	13
Clark	13	19
3 in Band	19	23
Sin Sand	a 3	33
Fine Band	33	38
Modern Sand	38	43
Medium sano	43	46
Coard Sand & Fred	7 46	53
Cooper Some of House	53	63
Coors sand stravel	63	73
Coaron sand & charles	73	<u>₹3</u>
Coarse Sand & Line	83	93
Donal Sand & Braul	9.3	103
Coarse Sund & Stravel	103	113
Coone Fond & Gravel	113	123
	1	
		1
	<u></u>	
		1
	Γ	T

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

Sketch the property lay- aid in loca 4) a north	ating the well; 3) any roads, power	e well location; 2) any permanent structures on lines, or other items that may aid in locating the	the property that may e property and the well;
SHAW	Hery	Mc P34N Frank SHOP	CHATP
J. B. Y.	442		A co-
W G	·		Longo
Landowner Name M	agan Brotlers Jo	All. 4 Miles	

I sertify that the well/horehole was drilled, constructed, and completed in necordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Feyl regulations, if applicable, and the

Thomas C. Chrestman 0703

Print Name of Responsible Licensee and License No.

6-18-06

Date

Signature of Licenseo

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Permit # 600 41190

Capy information from block on Part J

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P.4/4

#420



Date completed

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality

Office of Lund and Water Resources P.O. Box 10631 Jackson, MS 39289-0631

(601)961-5210 (601)354-6938 (fax)

For Office Use Only:		
Aquifer		
Well # 7- 185		
Blevation:		

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.

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: Morgan Brothers FARMS Mailing Address: P.O. Box 369	Latitude: 1/33°36'30,3" Longitude: 10090 50'46,6" Method of Lat/Long (check one): Conventional Survey	
Cleveland MS 38732 City State Zip Code Telephone No. (662) 719-3389	USGS quad Hand-hold GPS Survey-grade GPS Y Sec S T 20 R C W Distance Direction Nearest Town Miles of	
Pump Type Circle one Air Lift Jet Submersible	Power Type Circle one Diesel Engine Gasoline Engine Natural Gas	

Air Lift	Jet	Submersible	Diesel Engine	Gasoline Engine	Natural Gas
Bucket	Piston C	Turbino	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Wel)	Windmilt	Otlwr (specify):	
Other (specify):			Horse Power Rating	nf Motor:	
	6-16-06		Setting Depth:		_foct
Rated Pump Capacity: _	2000	Gallons Per Minute	Number of Stages:		_
			<u>+</u>		

Pump Test Data	Method of Measuring Water Level	
Date Well Tested:	Circle one Air Line Electric Measuring Line Steel Tape Other (specify):	
Pumping Water Level (B):		
Drawdown [(B) - (A)]: N/A Feet Below Land Surface	For flowing well, measured shut in head:	
Test Pumping Rate: W/A Gallons Per Minute	Well yielded NA GPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping	

HEREBY CERTIFY that the above statements are true to	the best of my knowledge.	en/ 4-
Thomas G. Chrestman 0-203	Menos	6 Charles
Print Name of Pump Installer and License No. (if applicable	Signature of Pump I	
		Form: OI WR-SWR-19

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