

1535

County: Bolivar
 Permit #: GW-45953 /
 Driller: Azrenez McMurphy
 Date drilling completed: 4-26-12

State Well Report
Part I - 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: _____
 Well #: T214
 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.

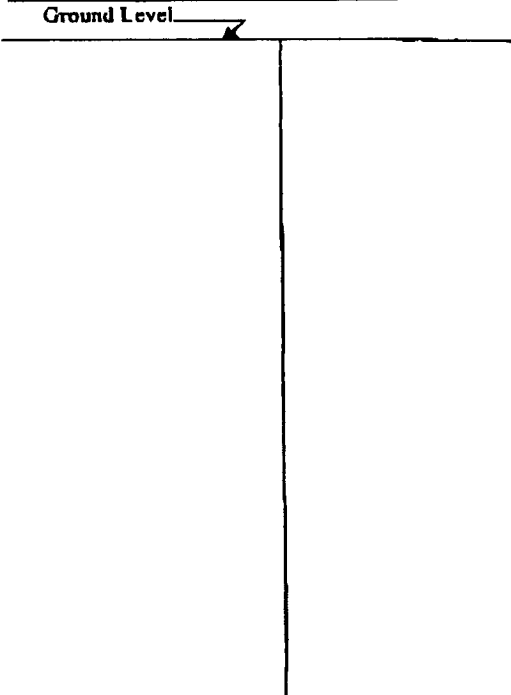
Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Henry G Mosco</u>	Latitude: <u>N33° 34' 47"</u> Longitude: <u>W90° 46' 07.71"</u>
Mailing Address: <u>701 W. Sunflower Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Cleveland</u> <u>MS</u> <u>38732</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 13 Twa 20N Rng 6W</u>
Telephone No. <u>(662) 719-7167</u>	Distance: <u>1.52</u> Miles Direction: <u>8</u> of Nearest Town: <u>Shaw</u>
	<u>Well #1</u>
Well / Borehole Data	
Date drilling started: <u>4-26-12</u> Date drilling completed: <u>4-26-12</u> Hole depth: <u>126'</u> Hole diameter: <u>22"</u>	
Location of the source of any surface water used for drilling: <u>hailed water from well 1 1/2 miles</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) _____	
<u>If drilling is not related to water well construction, skip the remainder of this block</u>	
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>42</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>4-28-12</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Well depth: <u>126'</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Neat Cement</u> Bentonite Mix	
Casing length: <u>86</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>86</u> feet to <u>126</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. <u>If telescoped or more than one screen, describe on next page</u>	

T214

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

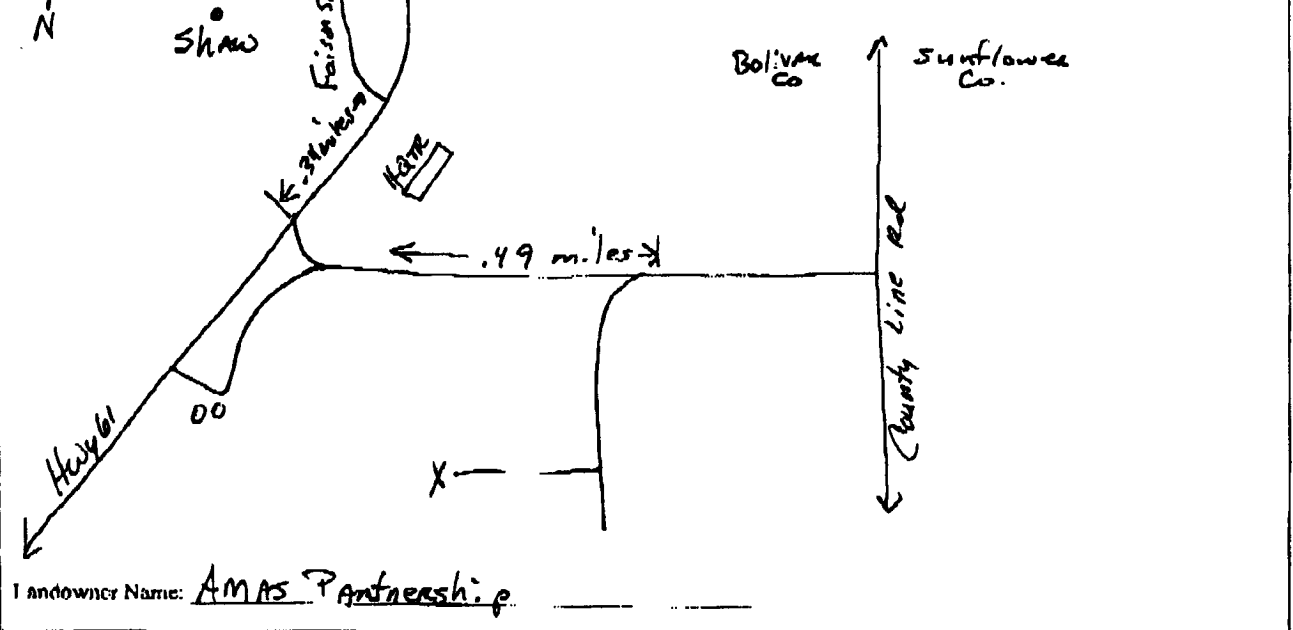
If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Clay & Fine Sand	Ground Level	21
Fine Sand	21	27
Medium Sand	27	33
Medium/Coarse Sand ?	33	
pen gravel		55
Medium Sand	58	67
Medium/Coarse Sand & gravel	67	96
Coarse Sand & gravel	96	114
Medium/Coarse Sand & gravel	114	126

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: OI.WR-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 5-5-12 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)

For Office Use Only:

Aquifer: _____
 Well #: T214
 Elevation: _____

County: Bolivar
 Permit #: GW-45953
 Driller: John Rybolt IV
 Date completed: 4-28-12
 Copy information from block on Part 1

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

Owner Name: Henry G Masco
 Mailing Address: 701 W. Sunflower Rd
Cleveland MS 38732
 City State Zip Code
 Telephone No. (662) 719-7167

Well Location

Latitude: N 33° 34' 47.39" Longitude: W 90° 46' 09.71"
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____, Hand-held GPS X, Survey-grade GPS _____
 _____ 1/4 _____ 1/2 Sec _____ T _____ R _____
 Distance Direction Nearest Town
1.52 Miles S of Shaw
 Well #1

Pump Type Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 4-28-12
 Rated Pump Capacity: _____ Gallons Per Minute

Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 40
 Setting Depth: 80 feet
 Number of Stages: 1

Pump Test Data

Date Well Tested: NOT TESTED
 Static Water Level (A): 42 Feet Below Land Surface
 Pumping Water Level (B): N/A Feet Below Land Surface
 Drawdown [(B) - (A)]: N/A Feet Below Land Surface
 Test Pumping Rate: N/A Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): N/A hours

Method of Measuring Water Level Circle one

Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: N/A feet
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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