

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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: H163  
L.S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Leflore  
Permit #: GW-45721  
Driller: Irrigation Equipment  
Date drilling completed: 05/11/2012

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>BCAT LLC</u>	Latitude: <u>33 ° 37 ' 19 "</u> Longitude: <u>90 ° 10 ' 05 "</u> <u>06</u>
Mailing Address: <u>700 East Park Ave.</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Greenwood</u> City <u>Ms</u> State <u>38930</u> Zip code	<u>NW</u> ¼ <u>SW</u> ¼ Sec <u>2</u> Twn <u>20N</u> Rng <u>1E</u>
Telephone No. ( ) -	Distance: <u>3</u> Miles      Direction: <u>Southeast</u> Nearest Town: <u>Money</u>

Well / Borehole Data

Date drilling started: 05/11/2012      Date drilling completed: 05/11/2012      Hole depth: 110      Hole diameter: 24"

Location of the source of any surface water used for drilling: Surface Water

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

Logs run (check 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 flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 17 feet above or below (check one)  land     surface      Date measured: 05/12/2012

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

Well depth: 110      Well grouted to a depth of 10 feet      Type of grout (check one):  Neat Cement     Bentonite     Mix

Casing length: 70 feet      Casing diameter: 16 inches      Type of casing: PVC

Screen length: 40 feet      Screen diameter: 16 inches      Type of screen: PVC

Screen slot size: .050 inches      Setting depth: From 67 feet to 106 feet

Type of completion (check all applicable):  Gravel packed     Underreamed     Telescoped     Open hole     Natural Development  
 Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A (04/08)

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BY: OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Ground level \_\_\_\_\_

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	23
Fine Sand	24	38
Fine Sand & Gravel	39	49
Medium Sand & Gravel	50	105
Fine Sand	106	110

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: BCAT LLC

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.

Patrick Chism 0695  
Print Name of Responsible Licensee and License No.

05/21/2012  
Date

*(Signature)*  
Signature of Licensee

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# 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 #: H163  
Elevation: \_\_\_\_\_

County: Leflore  
Permit #: GW-45721  
Driller: Irrigation Equipment  
Date drilling completed: 05/11/2012  
*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	Well Location
Owner Name: <u>BCAT LLC</u>	Latitude: <u>33 37' 19 N</u> Longitude: <u>90 10' 05 W</u>
Mailing Address: <u>700 East Park Ave.</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey,
<u>Greenwood</u> <u>Ms</u> <u>38930</u>	<input type="checkbox"/> USGS quad, <input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip code	<u>NW 1/4 SW 1/4</u> Sec <u>2</u> T <u>20N</u> R <u>1E</u>
Telephone No. ( ) -	Distance Direction Nearest Town
	<u>3</u> Miles <u>Southeast</u> of <u>Money</u>

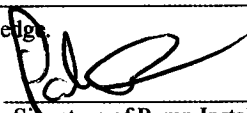
Pump Type Check one	Power Type Check one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
<input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine	<input 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): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>05/12/2012</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity <u>1600+/-</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Check one
Date Well Tested: _____	<input type="checkbox"/> Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

This is for (check 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.

Patrick Chism 0695  
Print Name of Pump Installer and License No. (if applicable)

  
Signature of Pump Installer

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Form: OLWR-SWR-101(07/09)