

#1

### 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: N 132  
Well #: \_\_\_\_\_  
Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Leflore  
Permit #: GW-44449  
Driller: Clarence Mc Murry  
Date drilling completed: 7-21-10

*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.*

<p><b>Information on Well (owner)</b> <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Wheeler Farms</u> Mailing Address: <u>P.O. Box 1179</u> <u>Greenwood MS 38935</u> City State Zip Code Telephone No. <u>(662) 299-4799</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>33° 25' 53.19"</u> Longitude: <u>90° 18' 30.12"</u> Method of Lat/Long (circle one) Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE</u> <math>\frac{1}{4}</math> <u>NW</u> <math>\frac{1}{4}</math> Sec <u>16</u> Twn <u>18N</u> Rng <u>1W</u> Distance <u>4.5</u> Miles Direction <u>South</u> of Nearest Town <u>Iota Bena</u></p>
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**Well / Borehole Data**

Date drilling started: 7-21-10 Date drilling completed: 7-21-10 Hole depth: 130' Hole diameter: 26"

Location of the source of any surface water used for drilling: near by ditch  
Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Logs run (circle 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 a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) N/A

Static Water Level: 2.7 feet above or ~~below~~ (circle one) land surface Date measured: 7-22-10

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

Well depth: 130' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 90 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 90 feet to 130 feet

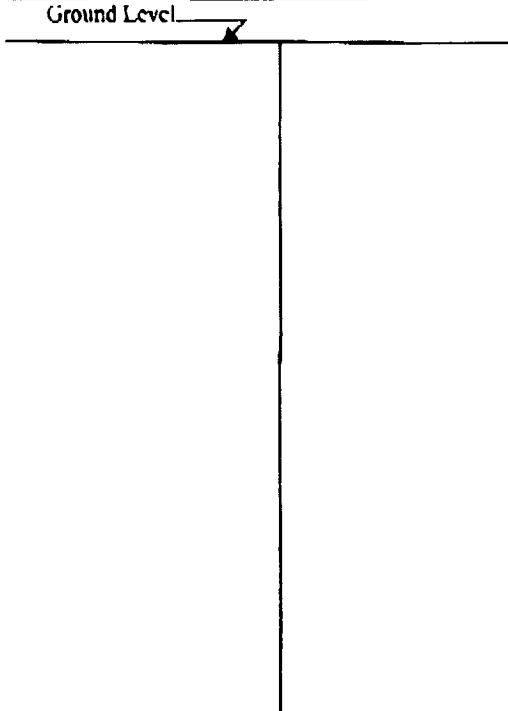
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
Other (describe): \_\_\_\_\_

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

N132

The sketch below only required for water wells

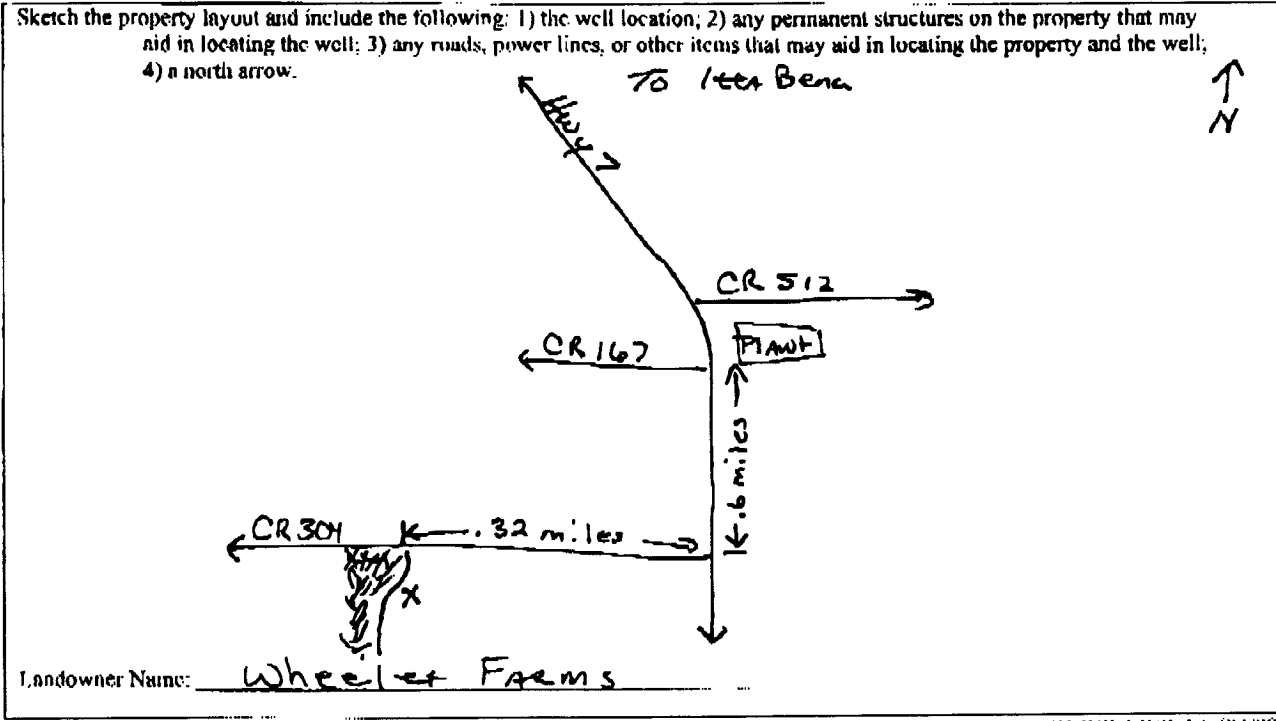
If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth)	To (depth)
Top Sand	Ground Level	15
Clay	15	37
Medium Sand	37	55
Medium & Coarse Sand	55	72
Coarse Sand & Pea Gravel	72	78
Gravel, Clay & Fine Sand	78	87
Coarse Sand & Pea Gravel	87	102
Medium Sand & Clay	102	104
Coarse Sand, Gravel & Clay	104	106
Clay	106	112
Coarse Sand & Gravel	112	125
Medium & Coarse Sand & Pea Gravel	125	130
Gravel		

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



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 7-23-10

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 #: N132  
 Elevation: \_\_\_\_\_

County: Leflore  
 Permit #: GW-44449  
 Driller: \_\_\_\_\_  
 Date completed: 7-22-10  
*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>Wheeler Farms</u>	Latitude: <u>N33° 25' 53.19"</u> Longitude: <u>W90° 18' 30.12"</u>
Mailing Address: <u>P.O. Box 1179</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS <u>X</u> Survey-grade GPS _____
<u>Greenwood MS 38935</u> City State Zip Code	<u>NE 1/4 NW 1/4 Sec 9 T 18N R 1W</u> Distance Direction Nearest Town <u>4.5 Miles South of I-tta Bena</u>
Telephone No. <u>(662) 899-4799</u>	

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket: 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: Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): <u>Gear Drive</u>
Other (specify): _____	Horse Power Rating of Motor: <u>600</u>
Date Pump Installed: <u>7-22-10</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NOT TESTED</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>27</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	

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

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

Existing Pump