

County: Sunflower  
 Permit #: 6W 42995  
 Driller: Clarence McMurry  
 Date drilling completed: 1-20-09

**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  
 (801)961-5210  
 (601)961-5228 (fax)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: C-104  
 L.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>LAMARUS FARMS</u>	Latitude: <u>33° 53' 40"</u> Longitude: <u>116° 37' 23"</u>
Mailing Address: <u>1712 Bellavista Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Cleveland MS 38732</u> City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. <u>(662) 719-0686</u>	<u>SW 1/4 NW 1/4 Sec 4 Twn 23N Rng 4W</u>
Well / Borehole Data	
Date drilling started: <u>1-20-09</u> Date drilling completed: <u>1-20-09</u> Hole depth: <u>120'</u> Hole diameter: <u>26"</u>	
Location of the source of any surface water used for drilling: <u>nearby well</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) <u>N/A</u>	
Static Water Level: <u>43</u> feet above or below (circle one) land surface Date measured: <u>1-24-09</u>	
Method of Measurement (circle one) steel tape <u>electric tape</u> air line other: _____	
Well depth: <u>120'</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Neon Cement</u> Bentonite Mix	
Casing length: <u>80</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>80</u> feet to <u>120</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of top pipe or reduction in casing: <u>N/A</u> feet <u>If telescoped or more than one screen, describe on next page</u>	

*Replacement Well  
used old pump*



### 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 #: C-104

Elevation: \_\_\_\_\_

County: Sunflower  
 Permit #: OW 42995  
 Driller: Clarence McMurry  
 Date completed: 1-24-09  
 Copy information from back 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>LaMastus Farm</u>	Latitude: <u>N 38° 53' 40"</u> Longitude: <u>W 090° 37' 23"</u>
Mailing Address: <u>1712 Bohavista Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Cleveland MS 38732</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec: <u>4 T. 23N R. 4W</u>
Telephone No. <u>(662) 719-0686</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>1-24-09</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 Circle one
Date Well Tested: <u>NOT TESTED</u>	Air Line <input checked="" type="radio"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>43</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 _____
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	_____ foot after _____ hours of pumping
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

Existing submersible pump