

State Well Report Part I - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)901- 5210
(601)961- 5228 (fax)

For Office Use Only:

Aquifer _____
Well # G178
L. S. Elevation _____
E-log #: _____

County: Sunflower
Permit #: SW-44125
Driller: Clarence McMurcy
Date drilling completed: 2-20-13

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>Dean Partnership</u>	Latitude: <u>33° 43' 12.87"</u> Longitude: <u>90° 37' 25.16"</u>
Mailing Address: <u>21 Sunrise Drive</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Boyle</u> MS <u>38732</u>	USGS quad, <u>Hand-held GPS</u> : Survey-grade GPS
City State Zip Code	<u>R 1/4 R 1/4 Sec 6 Twa 21N R4R 4W</u>
Telephone No. <u>(662) 458-7162</u>	Distance Direction Nearest Town <u>4.4 Miles NE of Boyle</u>
	<u>#1712</u>

Well / Borehole Data

Date drilling started: 3-20-13 Date drilling completed: 3-20-13 Hole depth: 127' Hole diameter: 26"

Location of the source of any surface water used for drilling: Hauled water from well
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: 5' feet above or below (circle one) land surface Date measured: 3-28-13

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

Well depth: 127' Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 77 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0.50 inches Setting depth: From 77 feet to 50 ¹²⁷ 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*

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

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BY: OLWR

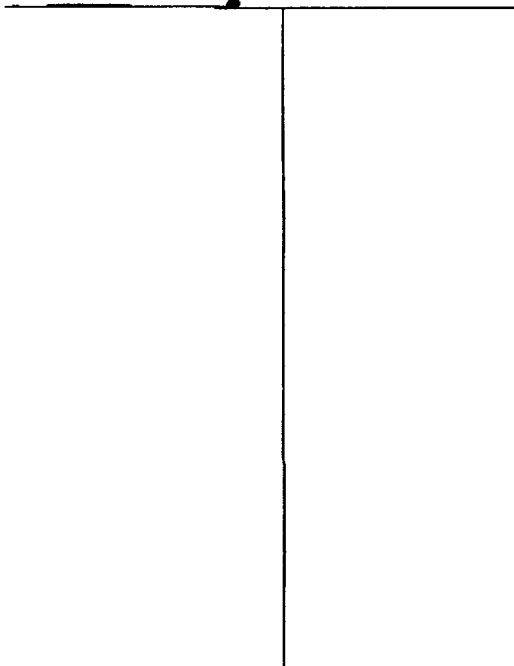
6178

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

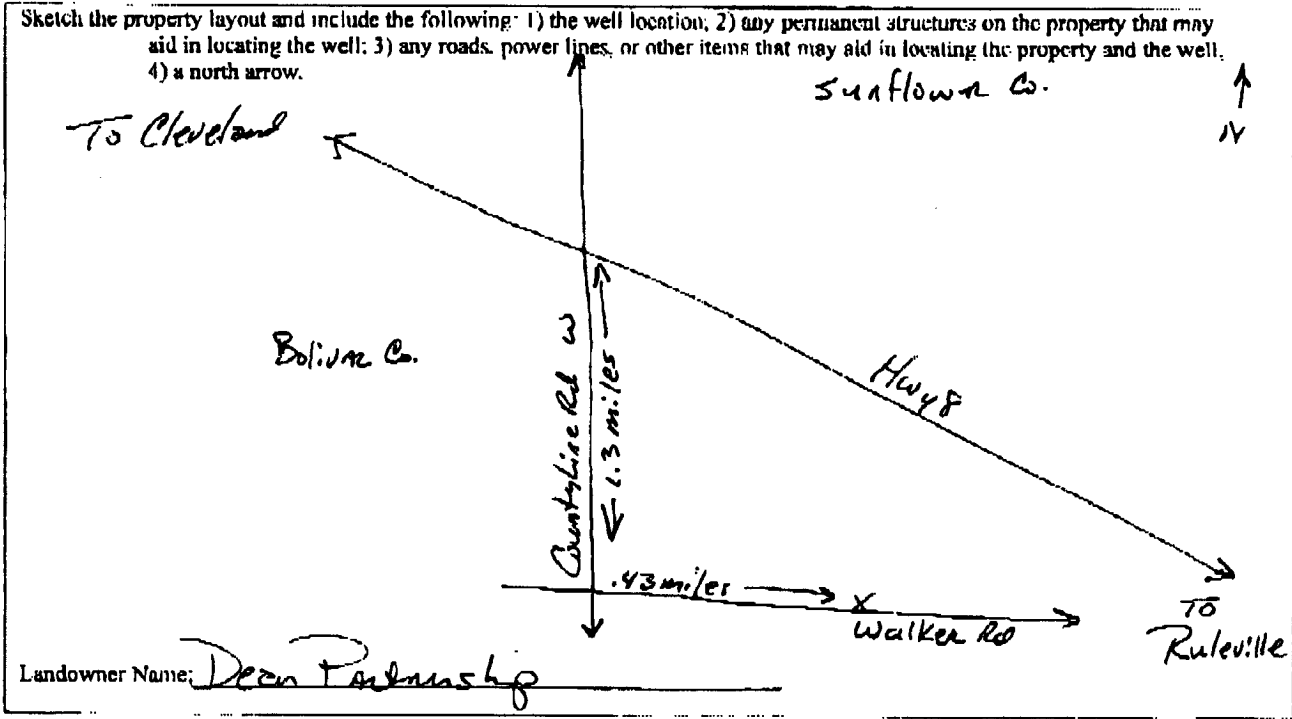
If well telescopes, show depths on sketch.

Ground Level →



Description of Formations Encountered	From (depth)	To (depth)
CLAY	Ground level	31
CLAY & Fine Sand	31	33
Fine Sand	33	35
Medium Sand & pea gravel	35	40
Medium Coarse Sand	40	
pea gravel		42
Fine Sand	42	45
Medium Sand & pea gravel	45	75
Medium/Coarse Sand & pea	75	
GRAVEL		114
Medium Coarse & gravel	114	120
Medium Sand	120	123
Coarse Sand & gravel	123	127

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 4-4-14 Clayton Miller APR 09 2013

Print Name of Responsible Licensee and License No. Date Signature of Licensee BY: OLWR

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2109
 Jackson, MS 39225
 (601)961-5210
 (601)961-5228 (fax)

For Office Use Only:

Aquifer: _____
 Well #: C-178
 Elevation: _____

County Jefferson
 Permit #: GW-44125
 Driller: John Rybolt IV
 Date completed: 3-28-13
 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>Dean Partnership</u>	Latitude: <u>N33°43'12.87"</u> Longitude: <u>W90°39'05.16"</u>
Mailing Address: <u>21 Sunrise Drive</u>	Method of Lat/Long (check one). Conventional Survey _____
<u>Boyle</u> MS <u>38732</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	1/4 _____ 1/4 Sec <u>06</u> T <u>21N</u> R <u>04W</u>
Telephone No. <u>(662) 458-7162</u>	Distance _____ Miles Direction _____ Nearest Town <u>Cleveland</u>

Pump Type	Power Type
Circle one	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"/>	<u>Electric Motor</u> <input checked="" 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): _____
Other (specify): _____	Horse Power Rating of Motor: <u>75</u>
Date Pump Installed: <u>3-28-13</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: <u>NOT TESTED</u>	Circle one
Static Water Level (A): <u>51</u> Feet Below Land Surface	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	

This is for (circle 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

Clayton Miller 0-703 Clayton Miller
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 BY: OLWR