

JUN-23-2008 12:30 From: MID SOUTH WATER

6628431717

To: 601 360 0535

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County: Sunflower  
 Permit #: \_\_\_\_\_  
 Driller: Ronnie Dill  
 Date drilling completed: 6-19-08

**State Well Report**  
**Part I - Driller's Log**

Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: R-228  
 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.

<p><b>Information on Well Owner</b>          (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Dr. Harold Wheeler</u>          Mailing Address: <u>P.O. Box 179</u>  <u>Greenwood MS 38935</u>          City State Zip Code          Telephone No. <u>(662) 455-2091</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>33° 25' 45"</u> Longitude: <u>90° 30' 32"</u>          Method of Lat/Long (circle one): Conventional Survey,          USGS quad, Hand-held GPS, Survey-grade GPS  <u>SE 1/4 NE 1/4 Sec 16 Twn 18 N Rng 3 W</u>          Distance _____ Direction _____ Nearest Town _____          Miles _____ of _____</p>
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**Well / Borehole Data**

Date drilling started: 6-19-08 Date drilling completed: 6-19-08 Hole depth: 120' Hole diameter: 2.6"

Location of the source of any surface water used for drilling: existing 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) \_\_\_\_\_

Static Water Level: 42' feet above or below (circle one) land surface Date measured: 6-20-08

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

Well depth: 120' Well grouted to a depth of 10' feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 1.6 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 1.6 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 60 feet to 120 feet

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

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

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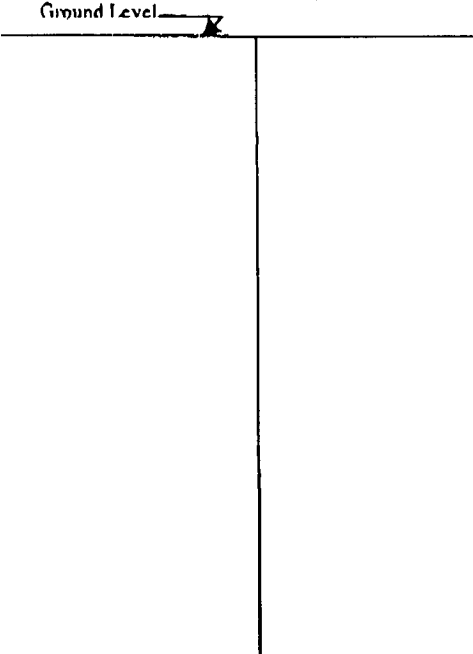
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R-228

The sketch below only required for water wells

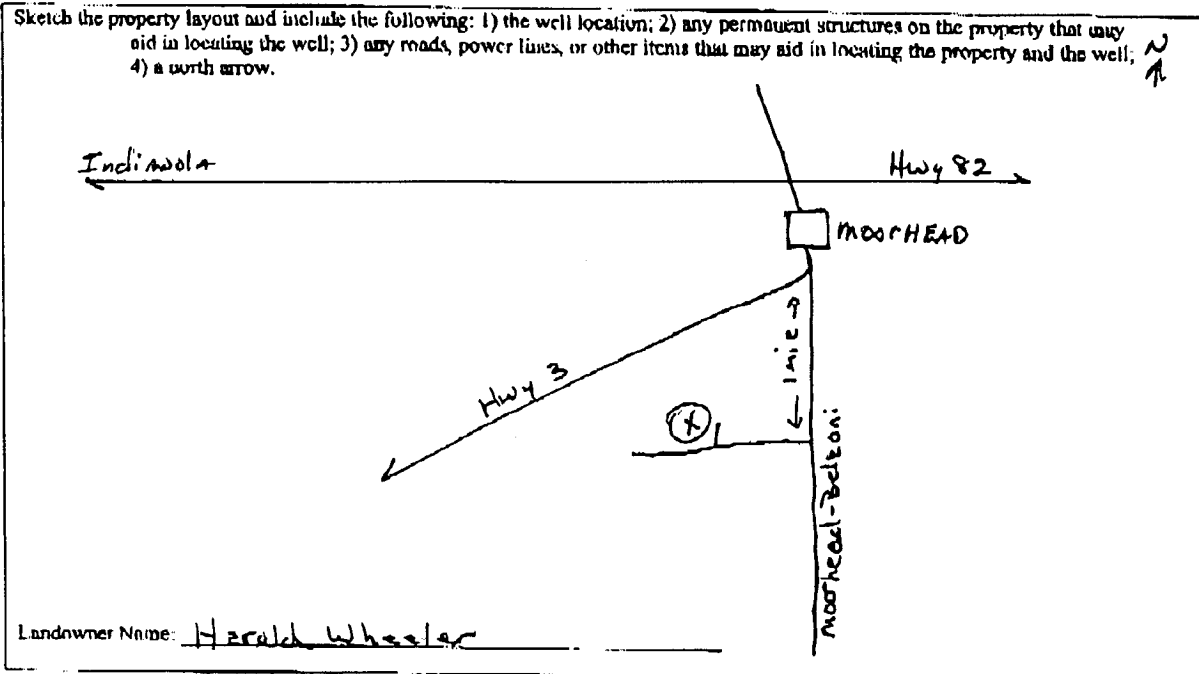
If well telescopes, show depths on sketch.



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

Description of Formations Encountered	From (depth)	To (depth)
CLAY & SAND	Ground Level	15
CLAY, SAND & PEA GRAVEL	15	25
FINE SAND & PEA GRAVEL	25	35
FINE SAND & PEA GRAVEL	35	45
MEDIUM SAND & PEA GRAVEL	45	55
COARSE SAND & GRAVEL	55	65
COARSE SAND & GRAVEL	65	75
COARSE SAND & GRAVEL	75	85
COARSE SAND & GRAVEL	85	95
COARSE SAND & GRAVEL	95	105
COARSE SAND & GRAVEL	105	115
COARSE SAND & GRAVEL	115	125

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



Form: DLWR-SWR-1A

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 6-21-08  
Print Name of Responsible Licensee and License No. Date

Clayton Miller  
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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County Sunflower  
 Permit # \_\_\_\_\_  
 Driller John Rybolt  
 Date Completed 6-20-08  
 Carry information from block on Part 1

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: R-228  
 Elevation: \_\_\_\_\_

*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>Dr. Harold Wheeler</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 1179</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey _____
<u>Greenwood MS 38935</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
City State Zip Code	<u>1/4 1/4 Sec 16 T 18 N R 3 W</u>
Telephone No. <u>(662) 455-2091</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> 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 <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>60</u>
Date Pump Installed: <u>6-20-08</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>42</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: _____ 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