

### 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: \_\_\_\_\_  
 Well # P-173  
 I. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County Washington  
 Permit # CU43197  
 Driller: Ronnie Dill  
 Date drilling completed: 4-30-09

**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 <i>(Lundowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name <u>Caney Bayou Farms</u>	Latitude: <u>33° 06' 11.65"</u> Longitude: <u>90° 47' 10.77"</u>
Mailing Address: <u>3340 Hwy 434</u>	Method of Lat/Long (circle one): <u>12</u> Conventional Survey, <u>11</u>
<u>Rolling Fork</u> <u>MS</u> <u>39159</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>34</u> Twn <u>15N</u> Rng <u>6W</u>
Telephone No. <u>(662) 907-7183</u>	Distance Direction Nearest Town
	Miles of

**Well / Borehole Data**

Date drilling started: 4-30-09 Date drilling completed: 4-30-09 Hole depth: 122' Hole diameter: 26"

Location of the source of any surface water used for drilling: NEAR BY 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: 22 feet above or below (circle one) land surface Date measured: 5-1-09

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: 16 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 16 inches Type of screen: PK

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

Type of completion (circle all applicable): Gravel packed Underdrilled 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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### 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 #: P-173  
 Elevation: \_\_\_\_\_

County: Washington  
 Permit #: 43157  
 Driller: John Rybalt IV  
 Date completed: 5-1-09  
 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>Caney Bayou Farms</u>	Latitude: <u>N33° 06' 11.65"</u> Longitude: <u>W90° 47' 10.77"</u>
Mailing Address: <u>3340 Hwy 434</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Rolling Fork MS 39159</u> City State Zip Code	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
Telephone No. <u>(662) 907-7183</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>5-1-09</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2500</u> 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>22</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 <u>N/A</u> GPM with a drawdown of _____
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	_____ feet 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

Form: OLWR-SWR-18 (04/08) RECEIVED

MAY 04 2009  
 BY: OLWR