

#52

KED
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County Bolivar
 Permit # 41245
 Driller Shane Partridge
 Date drilling completed 8-1-06

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 # A-106
 L. S. Elevation _____
 B-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>Perian Condealy</u>	Latitude <u>34° 04' 28"</u> Longitude <u>098° 46' 45"</u>
Mailing Address: <u>727 Cypress Creek Dr.</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Conventional Survey <u>44</u>
<u>Clarksdale MS 38614</u>	USGS quad <u>NW 1/4 NW 1/4 Sec 01 Twn 25N Rng 06W</u>
City State Zip Code	Distance <u>3</u> Miles Direction <u>North</u> Nearest Town <u>Duncan</u>
Telephone No. <u>(662) 624-6490</u>	

Well / Borehole Data

Date drilling started: 8-1-06 Date drilling completed: 8-1-06 Hole depth: 123' Hole diameter: 26"

Location of the source of any surface water used for drilling: OLD WOOD

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: 25 feet above or below (circle one) land surface Date measured: 8-2-06

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

Well depth: 123 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix _____

Casing length: 10 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .050 inches Setting depth: From 73 feet to 123 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

Replacement 41245

3

NOV-27-2006 15:09 From:MID SOUTH WATER

6628431717

To:601 360 0535

P.2/4

FAXED

8-3-06

ORIGINAL

County Bolivar
 Permit #: GW-41245
 Driller Shane Partridge
 Date drilling completed: 8-1-06

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
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For Office Use Only:
 Aquifer _____
 Well # A-106
 L.S. Elevation: _____
 E-log # _____

#52

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>(Landowner if borehole is not for a water well)</i> Owner Name <u>Perian Cannerly</u> Mailing Address: <u>737 Cypress Creek Dr.</u> <u>Clarksdale MS 38614</u> City State Zip Code Telephone No. <u>(662) 624-6490</u>	Well or Borehole Location Latitude: <u>34° 04' 25.0"</u> Longitude: <u>090° 46' 44.5"</u> Method of Lat/Long (circle one): <u>Hand-held GPS</u> USGS quad _____ Survey-grade GPS _____ 1/4 Sec <u>1</u> Twp <u>25N</u> Rng <u>W6</u> Distance <u>3</u> Miles Direction <u>North</u> of Nearest Town <u>Duncan</u>
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Well / Borehole Data

Date drilling started: 8-1-06 Date drilling completed: 8-1-06 Hole depth: 123' Hole diameter: 26"

Location of the source of any surface water used for drilling: OLD WRAP

Method of casing 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: 25 feet above or below (circle one) land surface Date measured: 8-2-06

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

Well depth: 123 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 75 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .050 inches Setting depth: From 73 feet to 123 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*

NOV-27-2006 15:09 From:MID SOUTH WATER

6628431717

To:601 360 0535

P.4/4

FAXED
8-4-06
ORIGINAL

#52i

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: Bolivar
 Permit #: GW-41245
 Driller: Scott Hood
 Date completed: 8-2-06
Copy information from block on Part 1.

For Office Use Only:
 Aquifer: _____
 Well #: A-106
 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>Perian Connerly</u>	Latitude: <u>N 34° 04' 25.0"</u> Longitude: <u>W 090° 46' 44.5"</u>
Mailing Address: <u>727 Cypress Creek Dr.</u>	Method of Lat/Long (check one): <u>Conventional Survey</u>
<u>Clarksdale MS 38614</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS _____
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>1</u> T <u>25N</u> R <u>6W</u>
Telephone No. <u>(662) 624-6490</u>	Distance Direction Nearest Town <u>3</u> Miles <u>North</u> of <u>Duncan</u>

Pump Type Circle one	Power Type Circle one
Air Lift: <input type="checkbox"/> Jet <input type="checkbox"/> Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket: <input type="checkbox"/> Piston <input checked="" type="checkbox"/> Turbine	Electric Motor Hand Tractor PTO
Centrifugal: <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>7.5</u>
Date Pump Installed: <u>8-2-06</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>N/A</u>	Air Line <input checked="" type="checkbox"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>25</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 [(H) - (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.

Thomas S. Chestman 0-703
 Print Name of Pump Installer and License No. (if applicable)

Thomas S. Chestman
 Signature of Pump Installer