

County: Bolivar  
 Permit #: GW 42061  
 Driller: Pete's Well Drilling  
 Date drilling completed: 7-20-07

**Well Driller Report and Well 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-110  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information			Well Location		
Owner Name: <u>Bill Oneal</u>			Latitude: <u>33.° 59' 58.0" N</u> Longitude: <u>090.° 47' 29.8" W</u>		
Mailing Address: <u>P.O. Box 26</u>			Method of Lat/Long (circle one): <u>Conventional Survey</u>		
City: <u>Shelby</u> State: <u>MS</u> Zip Code: <u>38774</u>			USGS quad, Hand-held GPS, Survey-grade GPS		
Telephone No. <u>(662) 398-5121</u>			SE 1/4 SE 1/4 Sec. <u>35</u> Twn <u>25N</u> Rng <u>6W</u>		
			NW Distance <u>2 1/2</u> Miles Direction <u>NW</u> of Nearest Town <u>SHELBY</u>		

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Replacement For

Date well drilling started: 7-20-07 Date well drilling completed: 7-20-07 GW08441

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 26' feet above or below (circle one) land surface Date measured: 7-20-07

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

Hole depth: 100' Well depth: 100' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .032 inches Setting depth: From 60 feet to 100 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: \_\_\_\_\_ feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Pete's Well Drilling 0431  
 Print Name of Water Well Contractor and License No.

[Signature]  
 Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

**RECEIVED**  
 AUG 21 2007  
 BY: OLWR

Ground Level

GW4206

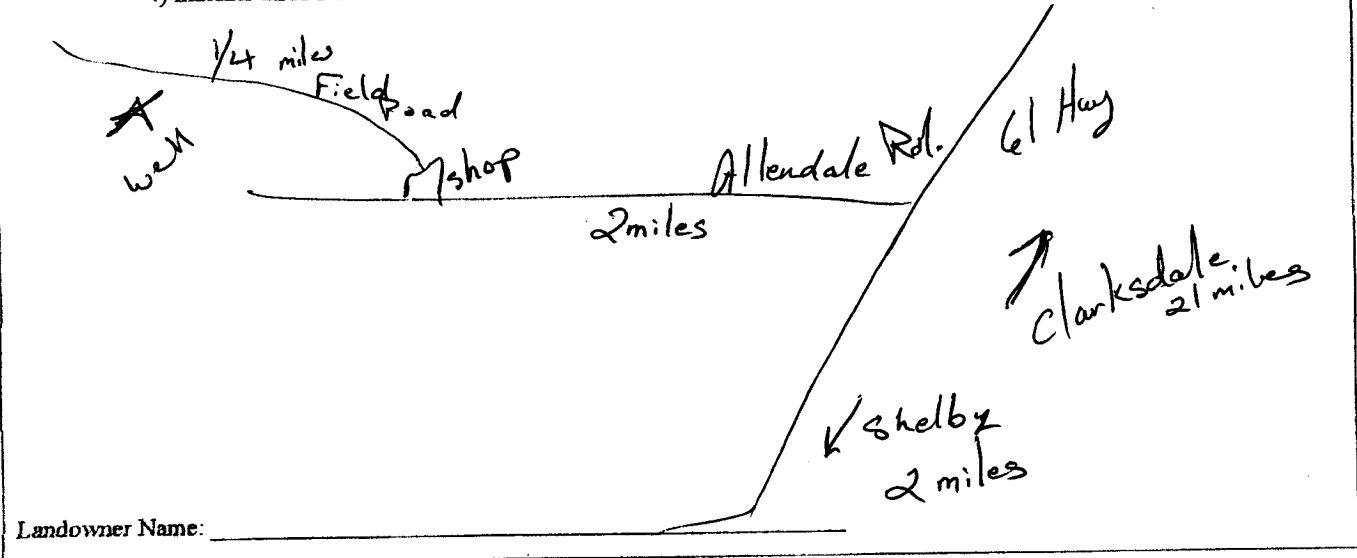
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
CLAY	0	40
FINE SAND	40	60
COURSE SAND & GRAVEL	60	100

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



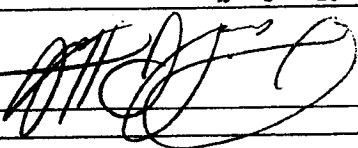
Landowner Name: \_\_\_\_\_

*[Handwritten Signature]*  
Signature of Water Well Contractor

RECEIVED  
AUG 21 2007  
BY: OLWR

BY OLWB  
 APR 28 2007  
 RECEIVED

Form: OLWR-SWR-1B

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
 Print Name of Pump Installer and License No. (if applicable) DAVID P. HOLT 0-7521  
 Signature of Pump Installer 

**Pump Test Data**

Date Well Tested: \_\_\_\_\_  
 Static Water Level (A): 26 Feet Below Land Surface  
 Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface  
 Drawdown (B) - (A): \_\_\_\_\_ Feet Below Land Surface  
 Test Pumping Rate: \_\_\_\_\_ Gallons Per Minute  
 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

**Method of Measuring Water Level**  
 Circle one  
 Air Line \_\_\_\_\_  
 Electric Measuring Line \_\_\_\_\_  
 Steel Tape \_\_\_\_\_

Other (specify): \_\_\_\_\_  
 For flowing well, measured shut in head: \_\_\_\_\_ feet  
 Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Pump Type**  
 Circle one  
 Air Lift \_\_\_\_\_  
 Jet \_\_\_\_\_  
 Submersible \_\_\_\_\_  
 Bucket \_\_\_\_\_  
 Piston \_\_\_\_\_  
 Turbine \_\_\_\_\_  
 Centrifugal \_\_\_\_\_  
 Rotary \_\_\_\_\_  
 Flowing Well \_\_\_\_\_  
 Other (specify): \_\_\_\_\_

Date Pump Installed: 8-3-07  
 Rated Pump Capacity: 2200 Gallons Per Minute

**Power Type**  
 Circle one  
 Diesel Engine \_\_\_\_\_  
 Gasoline Engine \_\_\_\_\_  
 Natural Gas \_\_\_\_\_  
 Electric Motor \_\_\_\_\_  
 Hand \_\_\_\_\_  
 Tractor PTO \_\_\_\_\_  
 Windmill \_\_\_\_\_  
 Other (specify): \_\_\_\_\_

Horse Power Rating of Motor: 60  
 Setting Depth: 70 feet  
 Number of Stages: 2

**Well Owner Information**  
 Owner Name: Bill Oneal  
 Mailing Address: P.O. Box 26  
 City: Shelby MS Zip Code: 38774  
 State: \_\_\_\_\_ Telephone No. (662) 398-5121

**Well Location**  
 Latitude: 33-59-580N Longitude: 090-47-298W  
 Method of Lat/Long (check one): Hand-held GPS Survey-grade GPS \_\_\_\_\_  
 USGS quad \_\_\_\_\_  
 Direction: 2 1/2 Miles NW of Shelby Nearest Town \_\_\_\_\_  
 Distance: \_\_\_\_\_  
 Section: 35 Range: 6W

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.

County: Bolivar  
 Permit #: 0042061  
 Driller: Petes Well Drilling  
 Date completed: 7-20-07

**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)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: A-110  
 Elevation: \_\_\_\_\_

**STATE WELL REPORT**

Job 7049

County: Bolivar  
 Permit #: 41556  
 Driller: Pete's Well Drilling  
 Date drilling completed: 2-18-07

### Well Driller Report and Well 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 #: B158  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Ricky Young</u>	Latitude: <u>34° 06' 729"</u> Longitude: <u>90° 44' 025"</u>
Mailing Address: <u>2854 Hwy 1</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Duncan MS 38746</u> City State Zip Code	<u>1/4 1/4 Sec 20 Twn 25N Rng 5W</u>
Telephone No. <u>(662) 627 9833</u>	Distance <u>2</u> Miles Direction <u>NW</u> of Nearest Town <u>Alligator</u>

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 2-18-07 Date well drilling completed: 2-18-07

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 74 feet above or below (circle one) land surface Date measured: 2-18-07

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

Hole depth: 100 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 11 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 1 1/2 inches Type of screen: PVC

Screen slot size: 0.875 inches Setting depth: From 60 feet to 100 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: \_\_\_\_\_ feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Pete's Well Drilling ON30 Print Name of Water Well Contractor and License No.

Pete Young Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

41556