

County: BOLIVAR
 Permit #: _____
 Driller: Delta Drilling of Times
 Date drilling completed: 5-12-05

Part 1
 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 #: B-152
 L. S. Elevation: 154
 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>HARLAN PURSS</u>	Latitude: <u>34° 02' 00"</u> Longitude: <u>90° 44' 45"</u>
Mailing Address: <u>717 UNION AVE</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>London</u> <u>Iowa</u> <u>52255</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>N4 1/4 Sec 19</u> <u>T2N R2E S41</u>
Telephone No. () _____	SE SW 10 Distance Direction Nearest Town <u>2</u> Miles <u>E</u> of <u>Durkin MS</u>

Well Data

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

Date well drilling started: 5-12-05 Date well drilling completed: 5-12-05

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

Static Water Level: 26 feet above or below (circle one) land surface Date measured: 5-13-05

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

Hole depth: 105 Well depth: 104 Well grouted to a depth of 70 feet

Type of grout (circle one): Cement Bestonite Mix

Casing length: 65 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: 50 inches Setting depth: From 65 feet to 105 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: VISUAL

Name of organization running logs: _____

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.

ALAN PYLE 0674 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED
 JUN 14 2005
 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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Bohica
 Permit #: _____
 Driller: Datta Dally of Iowa
 Date completed: 5-14-05

For Office Use Only:

Aquifer: _____
 Well #: B-152
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>HARLAN Prewer</u> Mailing Address: <u>717 UNION AVE</u> <u>Lowden Iowa 52555</u> City State Zip Code Telephone No. <u>563 357-2880</u>	Latitude: <u>34-02-92</u> Longitude: <u>90-42-482</u> <small>59 27</small> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>NW 1/4 NW 1/4 Sec 19 Twn 24N Rng 5W</u> <u>SE SW 10</u> Distance Direction Nearest Town <u>1/2 Miles E of Dunkin MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____	<u>Diesel Engine</u> Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>90</u> Setting Depth: <u>60</u> feet Number of Stages: <u>2</u>
Date Pump Installed: <u>5-14-05</u> Rated Pump Capacity: <u>2000</u> Gallons Per Minute	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): <u>25</u> 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	Air Line Electric Measuring Line <u>Steel Tape</u> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

ALAN PVICE Datta Dally
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED
 JUN 14 2005
 BY: OLWR