

State Well Report

Part I

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-155
L. S. Elevation: _____
E-log #: _____

County: Bolivar
Permit #: _____
Driller: Willie L Bryant
Date drilling completed: 6-24-06

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>Robert Cobb</u>	Latitude: <u>34° 06' 01" N</u> Longitude: <u>090° 44' 06" W</u>
Mailing Address: <u>P.O. Box 98</u>	Method of Lat/Long (circle one): Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input checked="" type="checkbox"/> Survey-grade GPS
<u>Alligator MS 38720</u> City State Zip Code	SW ¼ NE ¼ Sec. <u>29</u> Twn <u>26 N</u> Rng <u>5 W</u>
Telephone No. <u>(662) 624-4168</u>	Distance <u>3</u> Miles Direction <u>North</u> of Nearest Town <u>Alligator</u>

Well Data	
Purpose of Well (circle one): <input checked="" type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____	
Date well drilling started: <u>6-24-06</u>	Date well drilling completed: <u>6-24-06</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>15'</u> feet above or <input checked="" type="checkbox"/> below (circle one) land surface	Date measured: <u>6-24-06</u>
Method of Measurement (circle one): steel tape <input type="checkbox"/> electric tape <input type="checkbox"/> air line <input type="checkbox"/> other: <u>Rope & weight</u>	
Hole depth: <u>100'</u> Well depth: <u>100'</u> Well grouted to a depth of <u>11</u> feet	
Type of grout (circle one): Cement <input type="checkbox"/> <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Mix	
Casing length: <u>90</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC 2</u>	
Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC SCH 40 skinned</u>	
Screen slot size: <u>.013</u> inches Setting depth: From <u>90</u> feet to <u>100</u> feet	
Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input type="checkbox"/> Telescoped <input type="checkbox"/> Open hole <input type="checkbox"/> Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: <u>0</u> feet. If telescoped or more than one screen, describe on back of page	
Logs run (circle all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____	
Name of organization running log(s): _____	

RECEIVED
JUL 13 2006
BY: OLWR

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.

Willie L Bryant 0-639
Print Name of Water Well Contractor and License No.

Willie L Bryant
Signature of Water Well Contractor

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 #: _____
 Driller: Willie L. Bryant
 Date completed: 6-24-06

For Office Use Only:

Aquifer: _____
 Well #: B-155
 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>Robert Cobb</u>	Latitude: <u>34°06.01 N</u> Longitude: <u>090° 44.06 W</u>
Mailing Address: <u>P.O. Box 98</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Alligator</u> MS <u>38720</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	_____ ¼ _____ ¼ Sec <u>29</u> Twn <u>26N</u> Rng <u>5 W</u>
Telephone No. <u>(662) 624-4168</u>	Distance Direction Nearest Town
	<u>3</u> Miles <u>North</u> of <u>Alligator</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>(Submersible)</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>(Electric Motor)</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1 HP</u>
Date Pump Installed: <u>6-24-06</u>	Setting Depth: <u>60'</u> feet
Rated Pump Capacity: <u>20</u> Gallons Per Minute	Number of Stages: <u>8</u>

RECEIVED
 JUL 13 2006
 BY: OLWR

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>6-24-06</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>15'</u> Feet Below Land Surface	Other (specify): <u>Rope + weight</u>
Pumping Water Level (B): <u>17'</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>2'</u> Feet Below Land Surface	Well yielded <u>20</u> GPM with a drawdown of
Test Pumping Rate: <u>20</u> Gallons Per Minute	<u>2</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

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

Willie L. Bryant 0-639 Willie L. Bryant
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer