

Job # 7017

OK

County: Bolivar  
 Permit #: OW 41557  
 Driller: Pete's Well Drilling  
 Date drilling completed: 2-21-07

### 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 #: B-159  
 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>Mark Cable</u>	Latitude: <u>34° 02' 759"</u> Longitude: <u>90° 39' 853"</u>
Mailing Address: <u>3064 Palmer Rd</u>	Method of Lat/Long (circle 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>SW 1/4 SE 1/4 Sec 12 Twn 25N Rng 5W</u>
Telephone No. <u>(662) 627 2548</u>	Distance Direction Nearest Town
	Miles of

**Well Data**

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

Date well drilling started: 2-21-07 Date well drilling completed: 2-21-07

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

Static Water Level: 31 feet above or below (circle one) land surface Date measured: 2-21-07

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: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 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 0430  
 Print Name of Water Well Contractor and License No.

[Signature]  
 Signature of Water Well Contractor

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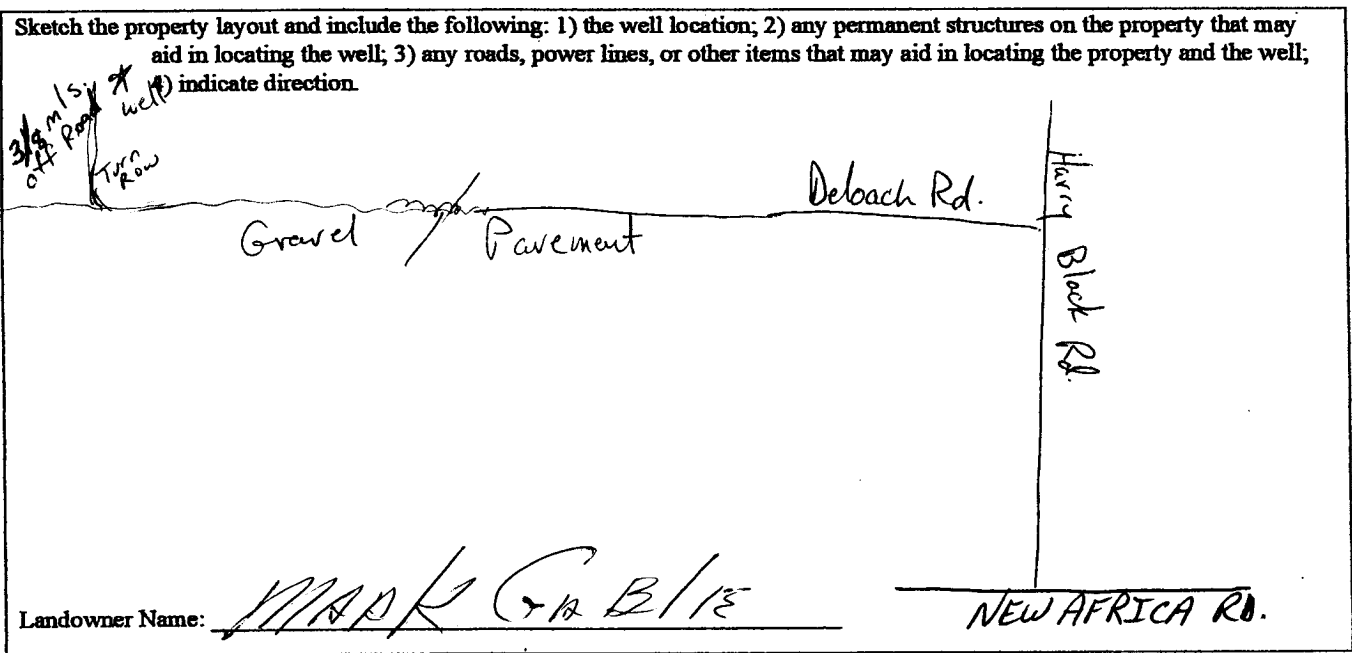
If well telescopes please sketch below and show depths.

MAR 16 2007  
 BY: OLWR

Ground Level 60 41557

Description of Formations Encountered	From	To
Blue clay	0	40
fine sand	40	60
Coars sand	60	100

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



Landowner Name: MARK G. B. LIE

[Signature]  
Signature of Water Well Contractor

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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: BOLIVAR  
 Permit #: GWA1557  
 Driller: PITTS WELL DRILLING  
 Date completed: 2-21-07  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: B-159  
 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.*

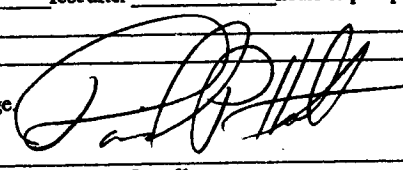
Well Owner Information	Well Location
Owner Name: <u>MARK GABLE</u>	Latitude: <u>34° 02' 757"</u> Longitude: <u>90° 39' 883"</u>
Mailing Address: <u>3064 PALMER RD</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> <u>45</u> <input checked="" type="checkbox"/> <u>51</u>
<u>CLARKSOALE MS 38614</u>	USGS quad <u>Hand-held GPS</u> Survey-grade GPS <input type="checkbox"/>
City State Zip Code	NW 1/4 NE 1/4 Sec <u>13</u> T <u>25</u> N R <u>5</u> W
Telephone No. <u>(602) 627-2548</u>	Distance Direction Nearest Town <u>3</u> Miles <u>East</u> of <u>Alligator</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet      Submersible	<input checked="" type="radio"/> Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston <input checked="" type="radio"/> Turbine	Electric Motor      Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>04-03-07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1600</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line      Electric Measuring Line <input checked="" type="radio"/> Steel Tape
Static Water Level (A): <u>31</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

DAVID P. HOLT 0-752P  
 Print Name of Pump Installer and License No. (if applicable)

  
 Signature of Pump Installer

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APR 23 2007

BY: OLWR

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