

GANT E SON  
State Well Report  
Part 1

County: Bolivar  
Permit #: 0-773 GW40914  
Driller: JOHN NEWCOME  
Date drilling completed: 3-6-06

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 #: C-155  
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>DONALD GANT</u>                                                                       | Latitude: <u>33° 54' 56"</u> Longitude: <u>090° 55' 12"</u>                                                                                                                                               |
| Mailing Address: _____<br><u>2538 CROSBY ROAD</u><br><u>MERIGOLD MS 38759</u><br>City State Zip Code | Method of Lat/Long (circle one): Conventional Survey,<br>USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/><br><u>NW 1/4 SW 1/4 Sec 22</u> Twn <u>24N</u> Rng <u>7W</u> |
| Telephone No. (601) <u>719-7655</u>                                                                  | Distance <u>4</u> Miles Direction <u>EAST</u> of Nearest Town <u>GUNNISON MISS</u>                                                                                                                        |

Well Data

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

Date well drilling started: 3-2-06 Date well drilling completed: 3-2-06

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

Static Water Level: \_\_\_\_\_ feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 123 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16" inches Type of casing: PVC

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

Screen slot size: 050 inches Setting depth: From 80 feet to 120 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.

JOHN NEWCOME 0-773  
Print Name of Water Well Contractor and License No.

John Newcome  
Signature of Water Well Contractor

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MAR 09 2006  
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)

|                      |                      |
|----------------------|----------------------|
| For Office Use Only: |                      |
| Aquifer: _____       | Well #: <u>C-155</u> |
| Elevation: _____     |                      |

|                               |
|-------------------------------|
| County: <u>BOLIVAR</u>        |
| Permit #: <u>GW 40919</u>     |
| Driller: <u>JOHN NEWCOMBE</u> |
| Date completed: <u>3-6-06</u> |

**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>DONALD GANT</u>          | Latitude: <u>33-54-56</u> Longitude: <u>090-55-12</u>       |
| Mailing Address: <u>2538 CRASBY RD.</u> | Method of Lat/Long (circle one): Conventional Survey, _____ |
| <u>MERIGOLD, Ms. 38759</u>              | USGS quad, Hand-held GPS, Survey-grade GPS                  |
| City State Zip Code                     | <u>N4 SW Sec 22 Twn 24N Rng 7W</u>                          |
| Telephone No. <u>662 754-8290</u>       | Distance Direction Nearest Town                             |
|                                         | <u>4</u> Miles <u>EAST</u> of <u>GUNNISON, Ms.</u>          |

| Pump Type<br>Circle one                             | Power Type<br>Circle one                  |
|-----------------------------------------------------|-------------------------------------------|
| Air Lift Jet Submersible                            | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston <u>Turbine</u>                        | <u>Electric Motor</u> Hand Tractor PTO    |
| Centrifugal Rotary Flowing Well                     | Windmill Other (specify): _____           |
| Other (specify): _____                              | Horse Power Rating of Motor: <u>40</u>    |
| Date Pump Installed: <u>3-15-06</u>                 | Setting Depth: <u>70</u> feet             |
| Rated Pump Capacity: <u>2000</u> Gallons Per Minute | Number of Stages: <u>1-STAGE 12WSA1</u>   |

| Pump Test Data                                                  | Method of Measuring Water Level<br>Circle one                                     |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Date Well Tested: _____                                         | Air Line Electric Measuring Line Steel Tape                                       |
| Static Water Level (A): _____ Feet Below Land Surface           | Other (specify): _____                                                            |
| Pumping Water Level (B): <u>NO TEST</u> 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: <u>Run</u> 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.

|                                                                                     |                                 |
|-------------------------------------------------------------------------------------|---------------------------------|
| <u>Blum # 710-P</u><br>Print Name of Pump Installer and License No. (if applicable) | <br>Signature of Pump Installer |
|-------------------------------------------------------------------------------------|---------------------------------|

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 APR 11 2006  
 BY: OLWR