

State Well Report

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 #: C-161
L. S. Elevation: 148
E-log #: _____

County: Bolivar
Permit #: _____
Irrigation Equipment
Driller: _____
Date drilling completed: 5-15-07

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 Owner Name <u>James Robertson</u> Mailing Address: <u>Box 236</u> <u>Rosedale MS 38769</u> City State Zip Code Telephone No. <u>662-759-6784</u>	Well Location <u>33 52 41.3</u> <u>91 01 36.4</u> Latitude: _____ Longitude: _____ <u>33 53 09</u> <u>91 01 55</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS SW <input checked="" type="checkbox"/> NE <input checked="" type="checkbox"/> Sec <u>33</u> Twn <u>24N</u> Rng <u>8W</u> Distance Direction Nearest Town <u>3</u> Miles <u>North</u> of <u>Rosedale</u>
---	--

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture <u>Other</u>	Replacement
Date well drilling started: <u>5-15-07</u>	Date well drilling completed: <u>5-15-07</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>15'</u> feet above or below (circle one) land surface	Date measured: <u>5-15-07</u>
Method of Measurement (circle one) <u>Steel tape</u> electric tape air line other: _____	
Hole depth: <u>107</u>	Well depth: <u>107</u> Well grouted to a depth of <u>10</u> feet
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>67</u> feet	Casing diameter: <u>16</u> inches Type of casing: <u>PVC SCH40</u>
Screen length: <u>40</u> feet	Screen diameter: <u>16</u> inches Type of screen: <u>PVC SCH40</u>
Screen slot size: <u>.050</u> inches	Setting depth: From <u>61</u> feet to <u>100</u> feet
Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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.

Irrigation Equipment Inc.
Patrick M. Chism 0695

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

Owner contracted with Peacock Pump & Repair.
Peacock Pump & Repair will install pump.

RECEIVED
JUN 27 2007
BY: OLWE

If well telescopes please sketch below and show depths.

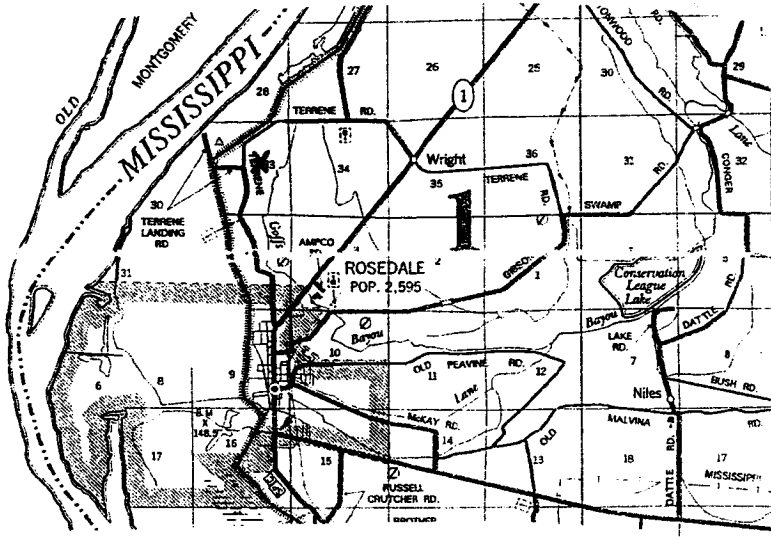
Ground Level

Description of Formations Encountered	From	To
Clay	0	15
Fine Sand	16	25
Fine Sand/gravel	26	49
Med. Sand/gravel	50	100
Fine Sand	101	107

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.

Old well 12' south.



Landowner Name: _____

Signature of Water Well Contractor