

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 #: E-149
L. S. Elevation: _____
E-log #: _____

County: Belivar
Permit #: GW40375
Driller: Willie L. Bryant
Date drilling completed: 9-9-05

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>Gene Pitts</u>	Latitude: <u>33° 53' 42"</u> Longitude: <u>090° 42' 38"</u>
Mailing Address: <u>696 Granger-Dorsey Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>39</u>
<u>Mound Bayou MS 38762</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 28^{OK} Twn 24^N Rng 5^W</u>
Telephone No. <u>(662) 402-2910</u>	Distance <u>1 1/2</u> Miles Direction <u>Northeast</u> of Nearest Town <u>Mound Bayou</u>

Well Data

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

Date well drilling started: 9-9-05 Date well drilling completed: 9-9-05

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

Static Water Level: 33' feet above or below (circle one) land surface Date measured: 9-10-05

Method of Measurement (circle one) steel tape electric tape air line other: Rope + weight

Hole depth: 115' Well depth: 114' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 74' feet Casing diameter: 6 inches Type of casing: PVC 160

Screen length: 40' feet Screen diameter: 6 inches Type of screen: PVC SCH 40

Screen slot size: .030 inches Setting depth: From 74' feet to 114' 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: 0 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.

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

Willie L. Bryant
Signature of Water Well Contractor

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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: 9-9-05

For Office Use Only:

Aquifer: _____
 Well #: E-149
 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>Gene Pitts</u> Mailing Address: <u>696 Granger-Dorsey Rd.</u> <u>Mound Bayou MS 38762</u> <small>City State Zip Code</small> Telephone No. <u>(662) 402-2910</u>	Latitude: <u>33°53.462</u> Longitude: <u>090° 42.638</u> <small>42 39</small> Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>(Hand-held GPS)</u> Survey-grade GPS <u>SE 1/4, SE 1/4 Sec 28 0k Twn 24 N Rng 5 W</u> Distance Direction Nearest Town <u>2 1/2 Miles NE of Mound Bayou</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u> Bucket Piston Turbine Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>9-9-05</u> Rated Pump Capacity: <u>325 to 475</u> Gallons Per Minute	Diesel Engine Gasoline Engine Natural Gas <u>Electric Motor</u> Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>10 HP</u> Setting Depth: <u>70'</u> feet Number of Stages: <u>1</u>

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Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>11-18-06</u> Static Water Level (A): <u>33</u> Feet Below Land Surface Pumping Water Level (B): <u>40</u> Feet Below Land Surface Drawdown [(B) - (A)]: <u>7</u> Feet Below Land Surface Test Pumping Rate: <u>400</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	Air Line Electric Measuring Line Steel Tape Other (specify): <u>Rope & weight</u> For flowing well, measured shut in head: _____ feet Well yielded <u>400</u> GPM with a drawdown of <u>7</u> feet after <u>4</u> hours of pumping

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