

County: Bolivar  
 Permit #: GW-49602  
 Driller: Joel Jumper  
 Date drilling completed: 12-4-16

State Well Report  
 Part I - Driller's Log  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

For Office Use Only:  
 Aquifer: E 228  
 Well #: \_\_\_\_\_  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

<p>Information on Well Owner          (Landowner if borehole is not for a water well)</p> <p>Owner Name <u>Malatesta Willie</u>          Mailing Address: <u>Po Box 227</u>  <u>Southaven Ms 38671</u>          City State Zip Code          Telephone No. ( ) _____</p>	<p>Well or Borehole Location</p> <p>Latitude: <u>33° 53' 52"</u> Longitude: <u>90° 43' 25"</u>          Method of Lat/Long (circle one): Conventional Survey,          USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS  <u>SW 1/4 SW 1/4 Sec 28 Twn 24N Rng 05W</u>          Distance Direction Nearest Town  <u>114 Miles N of Mound Bayou</u></p>
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Well / Borehole Data

Date drilling started: 12-4-16 Date drilling completed: 12-4-16 Hole depth: 116 Hole diameter: 16 in  
 Location of the source of any surface water used for drilling: Nearest Well  
 Method of dosing and volume of Chlorine used in drilling and development: \_\_\_\_\_  
 Logs run (circle all applicable): (No log run) Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
 Name of organization running log(s): \_\_\_\_\_  
 Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_  
 Seismic Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_  
*If drilling is not related to water well construction, skip the remainder of this block*  
 Purpose of Well (check one): Home \_\_\_\_\_ Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation \_\_\_\_\_  Fish Culture \_\_\_\_\_ Other: \_\_\_\_\_  
 If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 41 feet above or (below) (circle one) land surface Date measured: 12-5-16  
 Method of Measurement (circle one) (steel tape) electric tape air line other: \_\_\_\_\_  
 Well depth: 116 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement (Bentonite) Mix  
 Casing length: 76 feet Casing diameter: 16 inches Type of casing: pvc  
 Screen length: 40 feet Screen diameter: 16 inches Type of screen: pvc  
 Screen slot size: 0.50 inches Setting depth: From 0 feet to 70 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 next page*

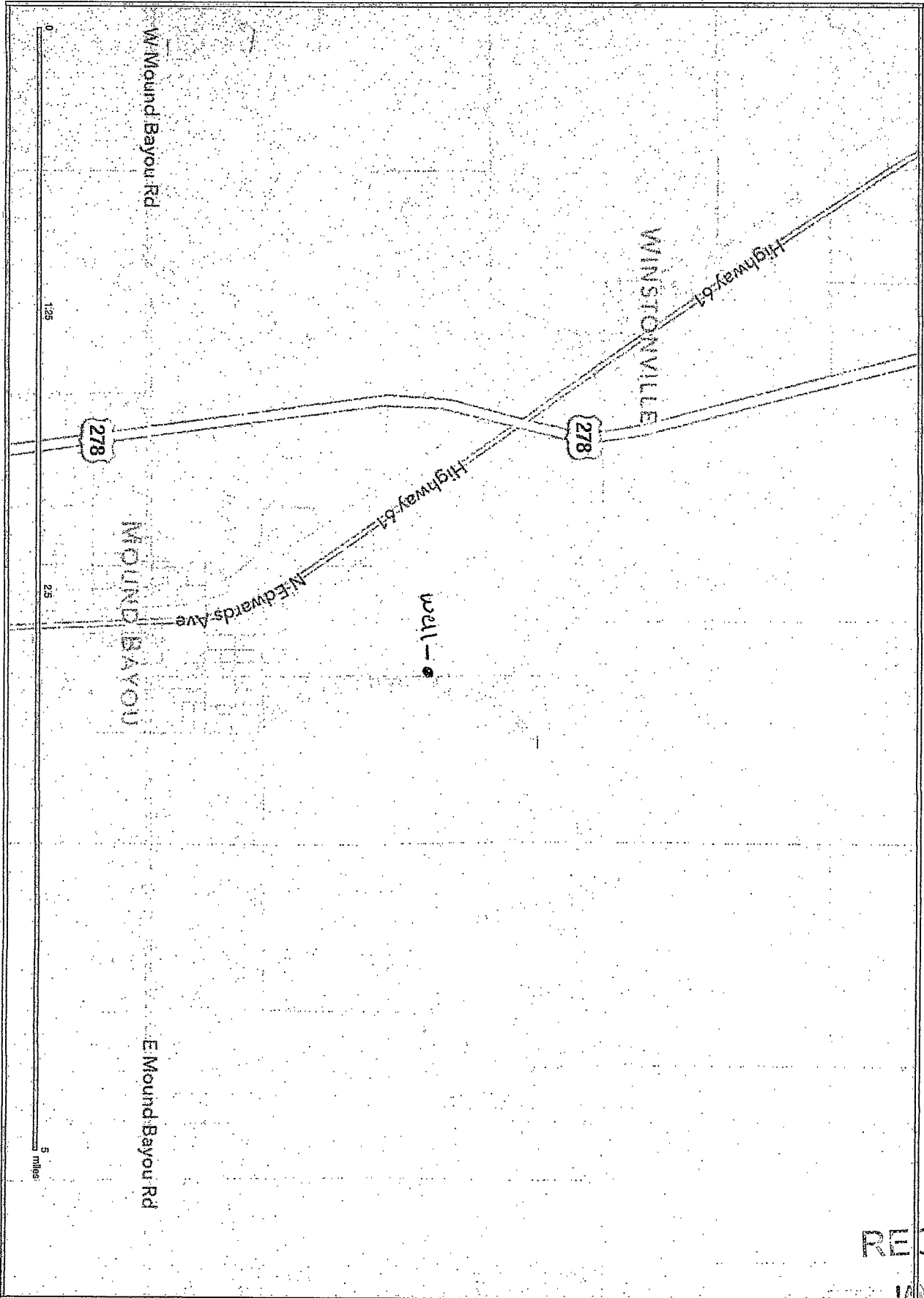
Form: OLWR-SWR-1A (04/08)

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Mound Bayou  
Mississippi



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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 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

County: Bolivar  
 Permit #: GW-49602  
 Driller: Joel Jumper  
 Date completed: 12-5-16  
*Copy information from block on Part 1*

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: E228  
 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>Malatesta, Willie</u>	Latitude: <u>33-53-53</u> Longitude: <u>90-43-25</u>
Mailing Address: <u>Po Box 227</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Southaven Ms 38671</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 28 T 24N R 05W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>1/4</u> Miles <u>N</u> of <u>Mound Bayou</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet      Submersible	<u>Diesel Engine</u> Gasoline Engine      Natural Gas
Bucket      Piston <u>Turbine</u>	Electric Motor      Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40 H.P.</u>
Date Pump Installed: <u>12-5-16</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1500</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-5-16</u>	Air Line      Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>42</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>52</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>52</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>1500</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>8</u> hours	

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

Joel Jumper 5317      [Signature]  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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