

STATE WELL REPORT

141

County: Bolivar
 Permit #: _____
 Driller: W. Bryant
 Date drilling completed: 12-25-18

Part 1
Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 (601)961-5555
 (601)961-5228 (fax)

For Office Use Only:

Well #: E236
 Aquifer: _____
 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.

Well Owner Information <small>(Landowner if borehole is not for a water well)</small>	Well or Borehole Location
Owner Name: <u>Cornelius Toole Sr.</u>	Latitude: <u>34° 04.17' N</u> Longitude: <u>87° 55.61' W</u> <u>33-53-27.07</u> <u>90-43-47</u>
Mailing Address: <u>P.O. Box</u> <u>605 N. Edwards St.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
<u>Mound Bayou</u> MS <u>38762</u> City State Zip Code	<u>NE 1/4 NE 1/4, Sec 32 T 24 N R 5 W</u>
Telephone No. <u>(601) 402-2932</u>	<u>1 1/2</u> Miles <u>SE</u> of <u>Winstonville MS</u> (Distance) (Direction) (Nearest Town) <u>Mohawk Rd.</u>

Well / Borehole Data

Date drilling started: 12-25-18 Date drilling completed: 12-25-18 Hole depth: 125' Hole diameter: 7"

Location of the source of any surface water used for drilling: Nearby Ditch

Method of dosing and volume of Chlorine used in drilling and development: None

Logs run (check all applicable): 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 all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

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

Static Water Level: 42' feet above or below land surface Date measured: 12-29-18
(check one)

Method of measurement (check one) Steel tape Electric tape Air line Other (describe): Rope + weight

Well depth: 125' Well grouted to a depth of: 12 feet Type of grout (check one) Neat Cement Bentonite Mix

Casing length: 85 feet Casing diameter: 4 inches Type of casing: PVC SCH 40

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: .013 inches Setting depth: From 85 feet to 125 feet

Type of completion (check all applicable) Travel packed Underreamed 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 next page

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 39225-2309
(601)961-5210
(601) 360-0535 (fax)

For Office Use Only:

Well #: E236

Aquifer: _____

County: Bolivar
Permit #: _____
Driller: W. Bryant
Date completed: 12-29-18
Copy information from block on Part 1

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>Cornelius Toole Sr.</u>		<u>33-53-27.7</u>	<u>89-43-47</u>
Mailing Address: <u>P.O. Box</u>		Latitude: <u>34° 04' 17" N</u>	Longitude: <u>089° 55' 01" W</u>
<u>605 N. Edwards St.</u>		Method of Lat/Long (check one): Conventional Survey _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____	
<u>Mound Bayou MS 38762</u>		USGS quad _____, Sec <u>32</u> T <u>24N</u> R <u>5W</u>	
City State Zip Code		<u>1 1/2</u> Miles <u>SE</u> of <u>Winstonville</u>	
Telephone No. <u>(662) 402-2932</u>		(Distance) (Direction) (Nearest Town)	
		<u>McHawk Rd.</u>	

Pump Type (check one)
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 12-29-18 Rated Pump Capacity: 90 Gallons Per Minute
Is This Pump (check one): New Repaired Replacement

Power Type (check one)
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
Horse Power Rating of Motor: 3 Setting Depth: 70 feet Number of Stages: 7

Pump Test Data for Non Flowing Well
Date Well Tested: 12-29-18 Duration of Pump Test (minimum 4 hours): 5 hours
Static Water Level (A): 42 Feet Below Land Surface Pumping Water Level (B): 50 Feet Below Land Surface
Drawdown [(B) - (A)]: 8 Feet Below Land Surface Test Pumping Rate: 105 Gallons Per Minute
Method of measurement (check one): Steel tape Electric tape Air line Other (describe): water level meter

Pump Test Data for Flowing Well
Measured shut in head: _____ feet.
Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation
Meter Manufacturer: _____ Meter Serial Number: RECEIVED
Meter Model Number/Name: _____ Type of Meter: JAN 28 2018
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
Installation Date: _____ Meter installed by: BY OLWR
Is This Meter (check one): New Repaired Replacement
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Willie L. Bryant 0-639 12-30-18 Willie L. Bryant
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer