

COUNTY WELL LOCATED  
**Bolivar**

WELL NUMBER  
**F-183**

DATE WELL COMPLETED  
**7/15/02**

ok Pat 10/04

**MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY**

Office of Land and Water Resources

P.O. Box 10631  
Jackson, MS 39289-0631

**WATER WELL DRILLERS LOG**

PERMIT NUMBER  
**MS-6W-39128**

NAME OF DRILLING FIRM  
**Layne-Central, a division of Layne**

**Christensen Company**

NAME & MAILING ADDRESS OF LANDOWNER  
**C.B. Patterson**  
168 Malvina Road  
Rosedale, MS 38769

Latitude: **N33°48'24.5"**  
Longitude: **W090°56'42.2"**

WELL LOCATION SEC **29** TOWNSHIP **23** RANGE **7**  
 N  E  
 S  W

DISTANCE **2** Miles DIRECTION **NE** of NEAREST TOWN **Beulah**

OTHER LANDMARK

WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.  
**Irrigation**

*oops. Sorry*

**PUMP DATA**

PUMP TYPE (Check One):  
 Submersible  Turbine  Jet  Flowing Well  
 Other (Describe)

POWER TYPE (Check One):  
 Electric  Tractor  Diesel  Gasoline  Butane  
 Other (Describe) H/P **60**

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Clay	0	12
Borderline Sand	12	52
Coarse Sand	52	72
Coarse Sand, Pea Gravel	72	131

**RECEIVED**  
**AUG 12 2002**  
**BY: OLWR**

Top of Lap Pipe or Reduction in Casing  
FEET IF TELESCOPED OR MORE THAN ONE SCREEN, USE BACK PAGE

**WELL DATA**

Well Depth **130 ft.** Casing Diameter (in) **16"** Casing Length (Ft.) **80 ft.**

Type of Casing **PVC** Hose Depth **131 ft.** Depth to Static Water Level **15.6 ft.**

TYPE OF COMPLETION (Check One or More)  
 Gravel Packed  Underreamed  Telescoped  
 Natural Development  Open Hole  Other  
(Describe)

WELL GROUTED TO A DEPTH OF **10** FEET  
Type of Grout (Check One)  Cement  Bentonite or  Mix

**SCREEN DATA**

Diameter - inches **16"** Length - feet **50 ft.** Slot Size - inches **.050**

Screen Type **PVC** Depth to Bottom - Feet **130 ft.**

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.

*[Signature]*  
Signature of Licensed Driller and License No.

*8/9/02*  
Date

Additional Information Required on Back