

U10

County: Bolivar  
 Permit #: MS-GW-16099  
 Driller: Jimmy Crouch (Layne)  
 Date drilling completed: 8/14/04

### Well Driller Report and Well Log

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 #: F-200  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

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>City of Rosedale</u>	Latitude: <u>33° 51' 10"</u> Longitude: <u>91° 01' 53"</u>
Mailing Address: <u>304 Court St.</u> <u>Rosedale, MS 38769</u>	Method of Lat/Long (circle one): <del>Conventional Survey</del>
City: _____ State: _____ Zip Code: _____	USGS quad, <del>Handheld GPS, Survey grade GPS</del>
Telephone No. <u>(662) 759-6813</u>	<u>NE</u> ¼ <u>SE</u> ¼ Sec <u>9</u> Twn <u>23N</u> Rng <u>8W</u>
	<u>Sw</u> Distance _____ Miles _____ of <u>Inside Rosedale City</u> Limits

**Well Data**

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

Date well drilling started: 6/22/2004 Date well drilling completed: 8/14/2004

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

Static Water Level: 40 feet ~~above or below~~ (circle one) land surface Date measured: 8/21/2004

Method of Measurement (circle one) ~~steel tape~~ electric tape ~~air line~~ other: \_\_\_\_\_

Hole depth: 516' Well depth: 490' Well grouted to a depth of 410 feet

Type of grout (circle one): Cement ~~Bitumite~~ ~~Mix~~

Casing length: 410 feet Casing diameter: 16 inches Type of casing: steel

Screen length: 70 feet Screen diameter: 10 inches Type of screen: stainless steel

Screen slot size: 0.020 inches Setting depth: From 417 feet to 487 feet

Type of completion (circle all applicable): Gravel packed Underreamed ~~Telescoped~~ ~~Gravel pack~~ ~~Natural Fracture~~

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: 357 feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): ~~No logs run~~ Electric ~~Gamma Ray~~ ~~Density~~ ~~Sonic~~ ~~Neutron~~ Other: \_\_\_\_\_

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Name of organization running log(s): Layne Central, a division of Layne Christensen Company

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.

LAYNE-CENTRAL

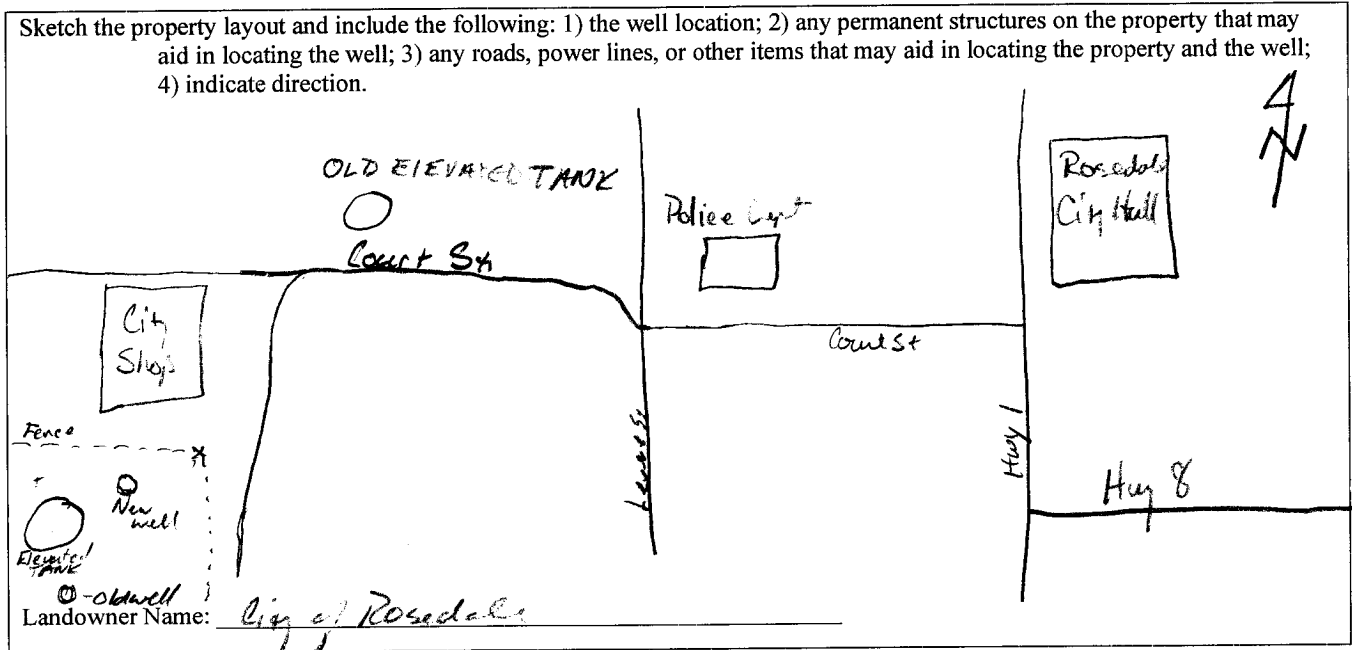
Dave Cook 64 \_\_\_\_\_  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

Ground Level	F-
N/A	

Description of Formations Encountered	From	To
Top soil	0	1
Clay	1	19
Fine sand	19	53
Medium/coarse sand	53	101
Coarse sand/gravel	101	122
Coarse sand	122	146
Clay	146	205
Sand	205	236
Clay	236	265
Shale	265	312
Sand	312	332
Hard clay	332	384
Sandy shale	284	414
Hard break	414	416
Fine to medium sand	416	508
Sandy shale	508	516
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If more than one screen, show location of each on sketch



LAYNE-CENTRAL

By: *Dave Cook*  
 Signature of Water Well Contractor      Dave Cook

# STATE WELL REPORT

## Part 2

### Pump Installer's Completion Report

County: Bolivar County  
 Permit #: MS-GW-16099  
 Driller: Jimmy Crouch (Layne)  
 Date completed: 8/21/2004

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 (601)354-6938 (fax)

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Aquifer: \_\_\_\_\_  
 Well #: F 200  
 Elevation: \_\_\_\_\_

**This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.**

Well Owner Information	Well Location
Owner Name: <u>City of Rosedale</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>304 Court St.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Rosedale, Ms 38769</u>	USGS quad, <del>Handbook GRS</del> <u>Survey grid GRS</u>
City State Zip Code	NE <u>1/4</u> SE <u>1/4</u> Sec <u>9</u> Twn <u>23N</u> Rng <u>8W</u>
Telephone No. (____) _____	Distance Direction Nearest Town
	_____ Miles _____ of _____

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Pump Type Circle one	Power Type Circle one
<del>Air Lift</del> <input checked="" type="checkbox"/> <del>Jet</del> <input checked="" type="checkbox"/> <del>Submersible</del> <input checked="" type="checkbox"/>	<del>Diesel Engine</del> <input checked="" type="checkbox"/> <del>Gasoline Engine</del> <input checked="" type="checkbox"/> <del>Natural Gas</del> <input checked="" type="checkbox"/>
<del>Bucket</del> <input checked="" type="checkbox"/> <del>Rotor</del> <input checked="" type="checkbox"/> Turbine	Electric Motor <input checked="" type="checkbox"/> <del>Hand</del> <input checked="" type="checkbox"/> <del>Motor RTG</del> <input checked="" type="checkbox"/>
<del>Centrifugal</del> <input checked="" type="checkbox"/> <del>Rotary</del> <input checked="" type="checkbox"/> <del>Flowing Well</del> <input checked="" type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>100</u>
Date Pump Installed: <u>8/21/2004</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>1,000</u> Gallons Per Minute	Number of Stages: <u>3</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>not tested</u>	<del>Air Line</del> <input checked="" type="checkbox"/> Electric Measuring Line <input checked="" type="checkbox"/> <del>Steel Tape</del> <input checked="" type="checkbox"/>
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer