

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)

County: Bolivar
Permit #: _____
Irrigation Equipment
Driller: _____
Date drilling completed: 6-24-08

For Office Use Only:

Aquifer: _____
Well #: F-289
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>James Robertson</u>	Latitude: <u>33.50.46.2</u> Longitude: <u>90.58.04.8</u>
Mailing Address: <u>P.O. Box 236</u>	Method of Lat/Long (circle one): <u>46</u> Conventional Survey, <u>05</u>
<u>Rosedale Ms. 38769</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 NW 1/4 Sec 18 Twn 23N Rng 7W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>2 Miles E of Rosedale</u>

Well Data Pivot

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

Date well drilling started: 6-24-08 Date well drilling completed: 6-24-08

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

Static Water Level: _____ feet above of below (circle one) land surface Date measured: _____

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 138 Well depth: 138 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 101 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 37 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From _____ feet to _____ 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 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.

Irrigation Equipment Inc
Patrick M. Chism 0695

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

Tommy Peacock contracted with us to drill well.
He set pump.

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BY: OLWR

F-227
287

If well telescopes please sketch below and show depths.

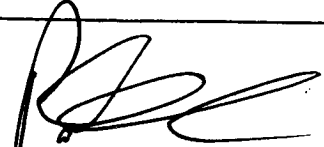
Ground Level

Description of Formations Encountered	From	To
Clay	0	21
Fine Sand	22	52
Fine Sand + Gravel	53	64
Medium Sand + Gravel	65	88
Fine Sand + Gravel	89	104
Fine Sand	105	110
Fine Sand + Gravel	111	120
Medium Sand + Gravel	121	138
Screen .050		
(69 - 88) 20'		
(122 - 138) 17'		

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.

Landowner Name: James Robertson



 Signature of Water Well Contractor

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STREET NAME NOT SHOWN

- 1. BUCK ST.
- 2. CEMETERY ST.
- 3. CRISS ST.
- 4. CYPRESS DR.
- 5. DANIEL ST.
- 6. ELWOOD LN.
- 7. FORD ST.
- 8. GAINES ST.
- 9. HAYES ST.
- 10. HEBERT STORE ST.
- 11. JAMES ST.
- 12. LAWSON ST.
- 13. LOCUST ST.
- 14. LUKE ST.
- 15. MORGAN ST.
- 16. NOBLIN ST.
- 17. NORTH BISHOP ST.
- 18. PEACH ST.
- 19. PEAR ST.
- 20. PECAN ST.
- 21. PINECREST DR.
- 22. ROSEMARY ST.
- 23. SARAH ST.
- 24. THICKET ST.
- 25. WASHINGTON ST.
- 26. COUNTRYWOOD DR.
- 27. CUT-OFF LN.
- 28. CANNON RD.
- 29. JOE TOM DR.

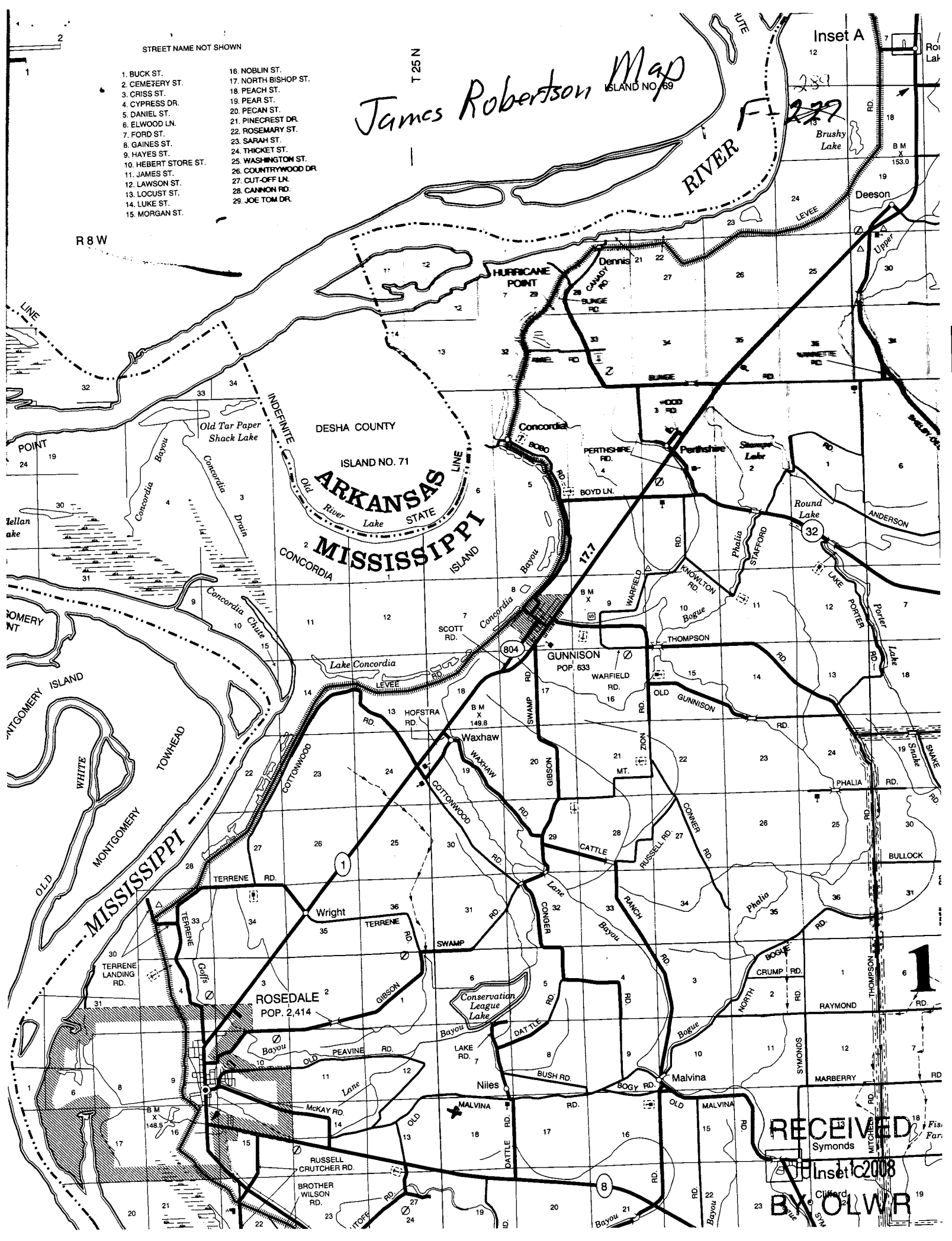
James Robertson Map

ISLAND NO. 69

Inset A

R 8 W

T 25 N



DESHA COUNTY

ISLAND NO. 71

ARKANSAS STATE

MISSISSIPPI ISLAND

GUNNISON POP. 633

ROSEDALE POP. 2,414

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