

County: Bolivar  
 Permit #: \_\_\_\_\_  
 Driller: Willie Bryant  
 Date drilling completed: 10-29-11

**State Well Report**  
**Part 1 - 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: G260  
 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.*

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>John Coleman</u>	Latitude: <u>33° 51' 46" N</u> Longitude: <u>90° 46' 24" W</u>
Mailing Address: <u>1355 Cedar Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS
<u>Mound Bayou MS 38762</u>	USGS quad: <u>SE 1/4 NE 1/4 Sec 11 Twn 23N Rng 6W</u>
Telephone No. <u>(662) 588-3545</u>	Distance: <u>4</u> Miles Direction: <u>W</u> of Nearest Town: <u>Mound Bayou</u>
	<u>1355 Cedar Rd.</u>

**Well / Borehole Data**

Date drilling started: 10-22-11 Date drilling completed: 10-29-11 Hole depth: 104' Hole diameter: 6 1/2"

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: Chlorine Tablets

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: 42' feet above or below (circle one) land surface Date measured: 10-30-11

Method of Measurement (circle one) steel tape electric tape air line other: rope + weight

Well depth: 102' Well grouted to a depth of 12 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 82 feet Casing diameter: 4 inches Type of casing: PVC SCH 40

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC Slotted

Screen slot size: .013 inches Setting depth: From 82 feet to 102 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: - 0 - feet. *If telescoped or more than one screen, describe on next page*

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

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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 #: \_\_\_\_\_  
 Driller: Willie Bryant  
 Date completed: 10-30-11  
Copy information from block on Part 1

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: G260  
 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>John Coleman</u>	Latitude: <u>33° 51.46' N</u> Longitude: <u>090° 46.84' W</u>
Mailing Address: <u>1355 Cedar Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ <u>Hand-held GPS</u> Survey-grade GPS _____
<u>Mound Bayou ms 38762</u> City State Zip Code	<u>SE</u> ¼ <u>NE</u> ¼ Sec <u>11</u> T <u>23N</u> R <u>6W</u>
Telephone No. ( <u>662 588-3545</u> )	Distance _____ Miles Direction _____ of Nearest Town <u>Mound Bayou</u> <u>1355 Cedar Rd.</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <u>Submersible</u>	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston      Turbine	<u>Electric Motor</u> Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1.5</u>
Date Pump Installed: <u>10-30-11</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <del>30</del> <u>35</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-30-11</u>	Air Line      Electric Measuring Line      Steel Tape
Static Water Level (A): <u>42</u> Feet Below Land Surface	Other (specify): <u>Rope &amp; weight</u>
Pumping Water Level (B): <u>70</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>28</u> Feet Below Land Surface	Well yielded <u>33</u> GPM with a drawdown of
Test Pumping Rate: <u>33</u> Gallons Per Minute	<u>28</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

This is for (circle one):      New Well      Replacement of Existing Pump      Repair of Existing Pump

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

Willie L. Bryant 0-639      Willie L. Bryant  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)

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