

Part 2 never received 3/13

**State Well Report
 Part 1**

County: Bolivar 01
 Permit #: SW 40141
 Driller: Mike Wells
 Date drilling completed: 4/16/05

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 #: H-152
 L. S. Elevation: _____
 E-log #: _____

Mid-South Water and Machine Works, Inc
 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.

<p>Well Owner Information</p> <p>Owner Name: <u>Jim Goodman</u> Mailing Address: <u>P.O. Box 169</u> <u>Shelby, MS 38774</u> City State Zip Code Telephone No. <u>(662) 843-4327</u></p>		<p>Well Location</p> <p>Latitude: <u>N33° 50' 44" 735'</u> Longitude: <u>W090° 44' 28" 85'</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>Hand-held GPS</u> Survey-grade GPS SE ¼ NE ¼ Sec <u>18</u> Twn <u>23N</u> Rng <u>5W</u> Distance _____ Direction _____ Nearest Town _____ Miles _____ of _____</p>
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Well Data

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

Date well drilling started: 4/16/05 Date well drilling completed: 4/16/05

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

Static Water Level: 41 feet above or below (circle one) land surface Date measured: 4/16/05

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

Hole depth: 133' Well depth: 133' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 83 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 83 feet to 133 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: N/A 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): N/A

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.

Thomas G. Christman 0-703 Thomas G. Christman
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

