

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 #: _____
 Driller: Willie L. Bryant
 Date drilling completed: 1-4-09

For Office Use Only:
 Aquifer: _____
 Well #: H-184
 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>Elbert Jackson</u>	Latitude: <u>33° 52' 17" N</u> Longitude: <u>090° 42' 72" W</u>
Mailing Address: <u>243 Granger - Dorsey Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, <u>10</u>
<u>Mound Bayou MS 38762</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 4</u> Twn <u>23 N</u> Rng <u>5 W</u>
Telephone No. <u>(662) 741-2474 = 719 2307</u>	Distance Direction Nearest Town
	<u>2 1/2</u> Miles <u>SE</u> of <u>Mound Bayou</u>
	<u>243 Granger - Dorsey Rd.</u>

Well Data

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

Date well drilling started: 1-4-09 Date well drilling completed: 1-4-09

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

Static Water Level: 32' feet above or below (circle one) land surface Date measured: 1-10-09

Method of Measurement (circle one) steel tape electric tape air line other: Rope & weight

Hole depth: 97' Well depth: 95' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 55 feet Casing diameter: 6 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 6 inches Type of screen: PVC slotted

Screen slot size: .032 inches Setting depth: From 55 feet to 95 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 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.

Willie L. Bryant 0-639
 Print Name of Water Well Contractor and License No.

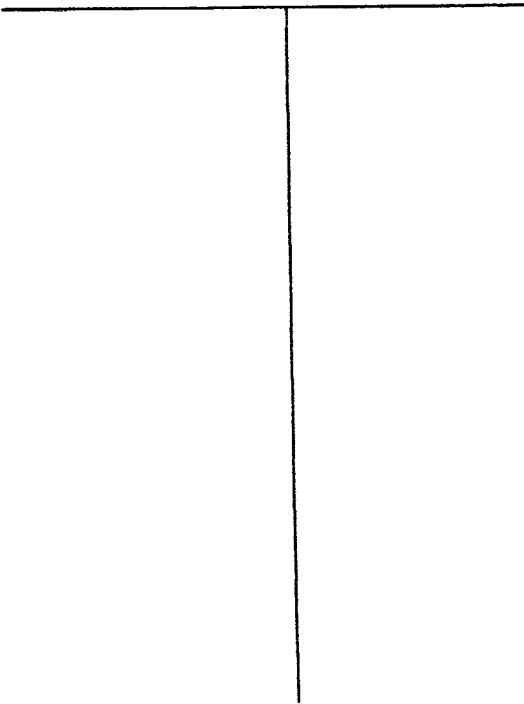
Willie L. Bryant
 Signature of Water Well Contractor

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H-184

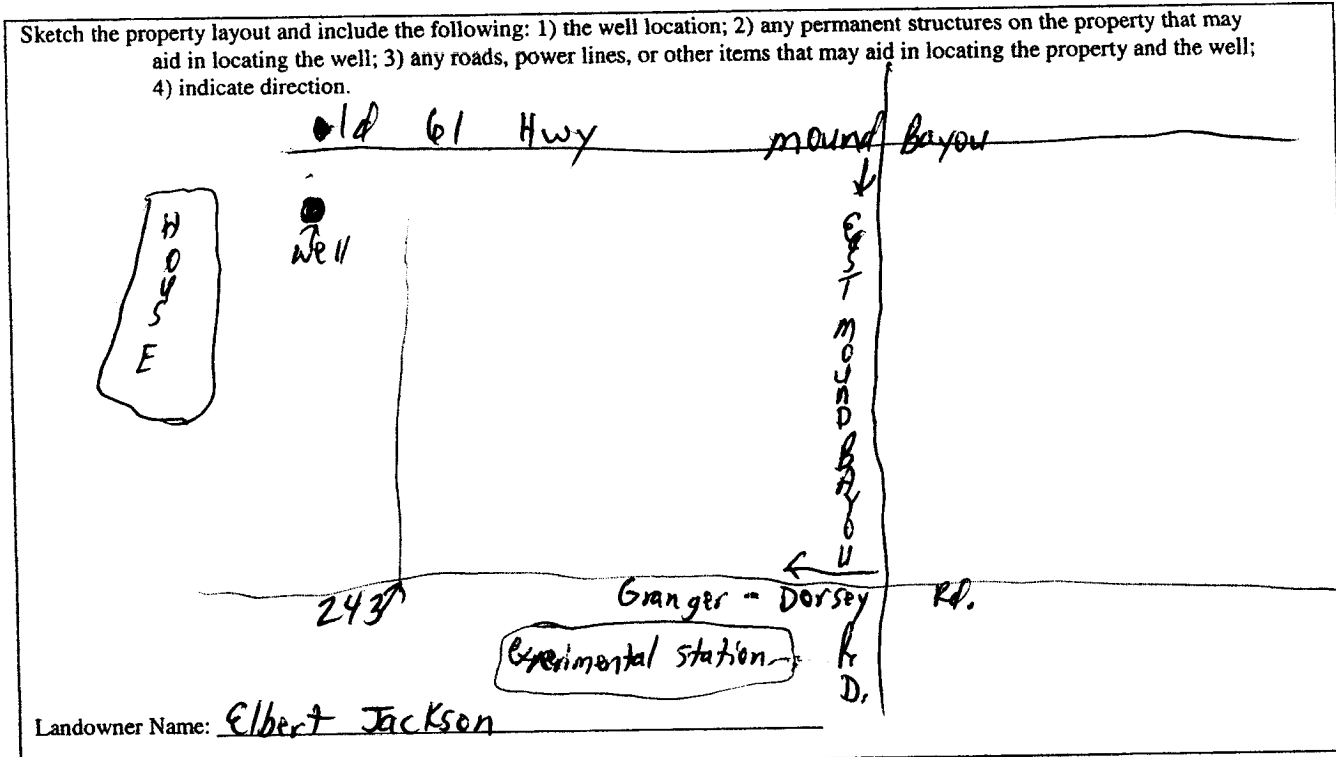
If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
Clay & brown sand	0	20
Brown & Med sand	20	40
Med & Coarse sand	40	60
Coarse sand	60	80
Coarse sand	80	95

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



Willie L. Bryant
Signature of Water Well Contractor

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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 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Bolivar
 Permit #: _____
 Driller: Willie L. Bryant
 Date completed: 1-10-09

For Office Use Only:

Aquifer: _____
 Well #: H-184
 Elevation: _____

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Elbert Jackson</u>	Latitude: <u>33° 52.17' N</u> Longitude: <u>090° 42.72' W</u>
Mailing Address: <u>243 Granger-Dorsey Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Mound Bayou MS 38762</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>4</u> Twn <u>23N</u> Rng <u>5W</u>
Telephone No. (662) <u>741-2474 = 719-2307</u>	Distance Direction Nearest Town
	<u>2 1/2</u> Miles <u>SE</u> of <u>Mound Bayou</u> <u>243 Granger-Dorsey Rd.</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO <input type="radio"/>
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>10</u>
Date Pump Installed: <u>1-10-09</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>200</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>No Electricity</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ 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.

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

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