

County: Bolivar
 Permit #: GW-45092
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 4-30-11

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: H195
 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 <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name <u>James K. Littleton</u>	Latitude: <u>33°52'14.0"</u> Longitude: <u>90°43'08.6"</u>
Mailing Address: <u>P.O. Box 1155</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Greenwood Ms. 38935</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 4</u> Twn <u>23N</u> Rng <u>5W</u>
Telephone No. () _____	Distance _____ Direction _____ Nearest Town _____ Miles of <u>Mound Bayou</u>

Well / Borehole Data

Date drilling started: 4-30-11 Date drilling completed: 4-30-11 Hole depth: 115 Hole diameter: 24"

Location of the source of any surface water used for drilling: Surface Water

Method of dosing and volume of Chlorine used in drilling and development: 50 PPM

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: 43 feet above or below (circle one) land surface Date measured: 5-2-11

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

Well depth: 115 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 75 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 76 feet to 115 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 next page*

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)

For Office Use Only:

Aquifer:
Well #: H195
Elevation:

County: Bolivar
Permit #: GW-45092
Irrigation Equipment
Driller:

Date completed: 4-30-11

Copy information from block on Part 1

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: James K Littleton, P.O. Box 1155, Greenwood Ms. 38935. Well Location: NE 1/4 SW 1/4 Sec 4 T 23N R 5W, Mound Bayou.

Pump Type: Turbine. Power Type: Electric Motor. Date Pump Installed: 5-2-11. Rated Pump Capacity: 2500± Gallons Per Minute. Horse Power Rating of Motor: 60. Setting Depth: 70 feet. Number of Stages: 1.

Pump Test Data: Date Well Tested: Static Water Level (A): Pumping Water Level (B): Drawdown [(B) - (A)]: Test Pumping Rate: Duration of Pump Test (minimum 4 hours): Method of Measuring Water Level: Circle one Air Line Electric Measuring Line Steel Tape.

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. Patrick M. Chism 0695. Signature of Pump Installer.

33 52 14.0N 90 43 08.6W

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