| | State W | ell Report | |
|---|--|--|---------------------------------------|
| County: Bolivar | Part 1 | | For Office Use Only: |
| | Mississippi Department of Environmental Quality | | Aquifer: |
| Penmit#: Irrigation Equipment | Office of Land and Water Resources P.O. Box 10631 | | Well #: <u>J-140</u> |
| Driller: | Jackson, MS 39289-0631 | | L. S. Elevation: |
| Date drilling completed: $5 - 18 - 06$ | (601) | 961-5210 | |
| | (601)35 | 4-6938 (fax) | E-log #: |
| State Law requires that this rep 30 days of completion of drilling | | driller in detail and filed w | ith the Department within |
| Well Owner Informa | ntion | | Location |
| Owner Name_ James Robertson | | Latitude: 33,46 24.0, 90 58 54.9W | |
| Mailing Address: Box 253 | | 5 \ Method of Lat/Long (circle one): Conventional Survey, | |
| | | USGS quad, Hand-held | GPS, Survey-grade GPS |
| Rosedale N | 19 38769 | <u>NE 14 SW 14 Sec 27</u> | 7 |
| City Sta | | Distance Direction | Nearest Town |
| 662-759-6784 | 1 | Miles | of_Beulah |
| Telephone No. () | | | |
| | Well 1 | Pata | |
| Purpose of Well (circle one) Home Ind | ustrial Public Supply | | Other: |
| Date well drilling started: 5-18 | | \sim | |
| | | | |
| If flowing, method of flow regulation: Val | | | |
| Static Water Level:feet at | ove or below (circle one) l | and surface Date measured:_ | 5-23-06 |
| Method of Measurement (circle one) | eel tape electric tape | air line other: | |
| Hole depth: 122' Well dep | oth: <u>122'</u> | Well grouted to a depth of | 10 feet |
| Type of grout (circle one): Cement | Bentonite Mix | | |
| Casing length: 82 feet Casin | ng diameter: 16 | inches Type of casing: | PVC Sch.40 |
| Screen length: <u>40</u> feet Scree | en diameter: <u>16</u> | inches Type of screen: | PVC_Sch.40 |
| Screen slot size: . 050 inches | Setting depth: From | 83 feet to | 122 feet |
| Type of completion (circle all applicable): | Gravel packed Under | reamed Telescoped Open | hole Natural Development |
| | Other (describe): | | |
| Top of lap pipe or reduction in casing: | feet. If tel | escoped or more than one scr | een, describe on back of name |
| Logs run (circle all applicable): (No log run | | - | , 10 |
| Name of organization running log(s): | ······· | | · · · · · · · · · · · · · · · · · · · |
| I certify that the well was drilled, constr | - | | |
| Department of Environmental Quality a | | artment of Health regulations | s and state laws |
| Irrigation Equipm Patrick M. Chism | ent Inc. 0695 | V.+I A | a cl |
| | | alus 10 | 1 Chr. |
| Print Name of Water Well Contractor and | License No. | Signature of | Water Well Contractor |

. .

> JUN 0 1 2006 BY: OLWR

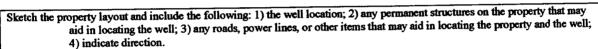
If well telescopes please sketch below and show depths.

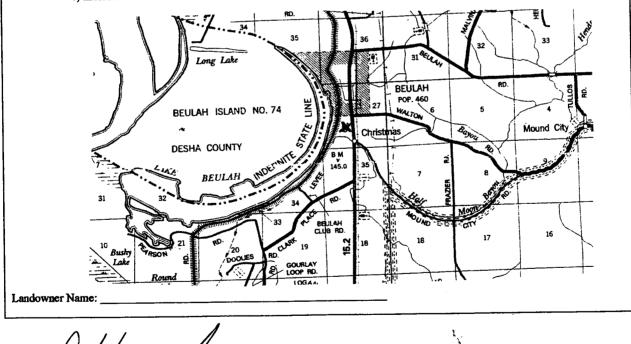
Ground Level

١

| Clay 0 18 Fine Sand/gravel 27 36 Med. Sand/gravel 37 122 Med. Sand/gravel - - Image: Sand Sand/gravel Image: Sand Sand/gravel - - Image: Sand Sand/gravel Image: Sand Sand/gravel - - - Image: Sand Sand/gravel Image: Sand Sand Sand Sand Sand Sand Sand Sand | Description of Formations Encountered | From | To |
|---|--|----------|--------------|
| Fine Sand 19 26 Fine Sand/gravel 27 36 | Clay | 0 | 18 |
| Fine Sand/grave1 27 36 Med. Sand/grave1 37122 | Fine Sand | 19 | 26 |
| Med. Sand/gravel 37122 | Fine Sand/gravel | 27 | 36 |
| Image: Sector | Med. Sand/gravel | 31 | 122 |
| Image: Sector | | ļ | |
| Image: set of the set of th | | ļ | |
| | | <u> </u> | |
| | · · · · · · · · · · · · · · · · · · · | <u> </u> | |
| | | | ├ ──┤ |
| | | | <u> </u> |
| | | + | |
| | ······································ | <u> </u> | |
| | | <u> </u> | |
| | | | ╞──┤ |
| | | | |
| | · · · · · · · · · · · · · · · · · · · | | |
| | | 1 | 1 |
| | | | |
| | | | |
| | | | |
| | | 1 | |
| | | 1 | |
| | | | |

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





1

Signature of Water Well Contractor

٠.

| | | STATE W | ELL REPORT | | |
|---|--------------------------|--------------------------------|---|---|--|
| County: Bolivar Pump Installer's Permit #: Mississippi Department Irrigation Equipment Office of Land a Driller: P.O. 1 | | - | Part 2 | For Office Use Only: | |
| | | Pump Installer | s Completion Report | | |
| | | Mississippi Departme | nt of Environmental Quality and Water Resources | Aquifer: | |
| | | Box 10631 | well #: J-140 | | |
| Date completed: _ | 5-18-06 | | MS 39289-0631)961-5210 | | |
| Conv information | from block on Part 1 | (601)354-6938 (fax) | | Elevation: | |
| TT : f d | | A by a licensed water well | contractor or a licensed pump | installer. A copy of Part 1 of the | |
| report must be a | ttached and both parts f | filed with the Department | at the above dataress within 50 t | lays of well completion. Il Location | |
| | Well Owner Inform | | | | |
| Owner Name: | James Robert | tson | Latitude: | _Longitude: | |
| Mailing Address: | Box 253 | | Method of Lat/Long (check one): Conventional Survey | | |
| maining Address. | | | | d GPS, Survey-grade GPS | |
| | | | | | |
| | Rosedale | MS 38769 | <u>NE 1/4 SW 1/4 Sec</u> | $2/T_2$ | |
| | City State | zip Code | Distance Direction | Nearest Town | |
| | 662-759-6784 | - | Miles | of Beulah | |
| Telephone No. (|) | | | | |
| | | | D. | ower Type | |
| | Pump Type Circle one | | 1 | Circle one | |
| Air Lift | Jet | Submersible | Diesel Engine Gasol | ine Engine Natural Ga | |
| | • | Turbine | Electric Motor) Hand | Tractor PTC | |
| Bucket | Piston | \bigcirc | | | |
| Centrifugal | Rotary | Flowing Well | | r (specify): | |
| Other (specify): | | | Horse Power Rating of Moto | or: <u>40</u> | |
| Date Pump Instal | lled: <u>5-23-06</u> | | Setting Depth: 50 | feet | |
| | | Gallons Das Minute | Number of Stages:3 | | |
| Kated Pump Cap | acity: | | | | |
| | Pump Test Da | | | Aeasuring Water Level | |
| | - | | | Circle one | |
| | d: | | Air Line Electric M | leasuring Line Steel Tape | |
| Static Water Level (A):Feet Below Land Surface | | Other (specify): | | | |
| | | eet Below Land Surface | Outer (specify). | | |
| 1 | | | For flowing well measured | I shut in head:fe | |
| | | eet Below Land Surface | | | |
| Test Pumping R | ate: | Gallons Per Minute | Well yielded | GPM with a drawdown of | |
| ļ. | | ırs):hours | feet after | rhours of pumpi | |
| | • ` | - | | 1 | |
| [| | | | 1 | |
| | | atements are true to the be | | <u> ///</u> | |
| | ck M. Chism | 0695 | Fally MA | | |

JUN 0 1 2006 BY: OLWR