

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)

County: Bolivar
Permit #: GW-44533 ✓
Driller: Cork Dalg. Co., Inc.
Date drilling completed: 3-23-11

For Office Use Only:
Aquifer: _____
Well #: P219
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.

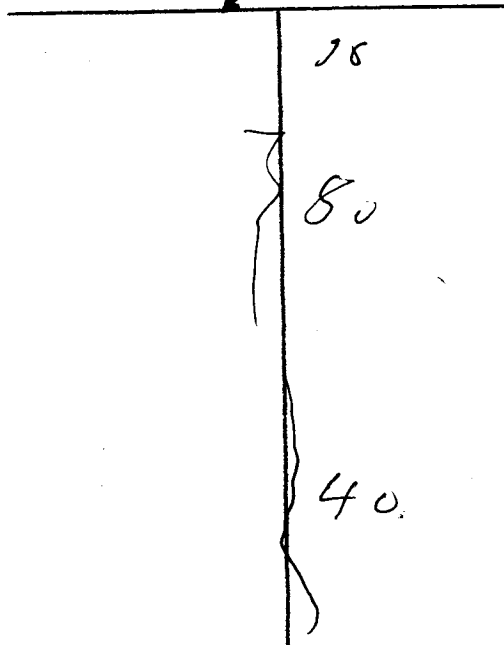
Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Joe Earl Watford</u> Mailing Address: <u>656 Howard Rd.</u> <u>Bayle</u> MS. <u>38730</u> City State Zip Code Telephone No. () _____	Latitude: <u>33° 39' 58.8"</u> Longitude: <u>90° 42' 18.0" W</u> Method of Lat/Long (circle one): <u>35</u> Conventional Survey, <u>47</u> Hand-held GPS, <u>06</u> Survey-grade GPS USGS quad, Hand-held GPS, Survey-grade GPS ✓ <u>NE 1/4 NE 1/4 Sec 23</u> Twn <u>21N</u> Rng <u>06W</u> Distance Direction Nearest Town <u>3</u> Miles <u>S</u> of <u>Shelby MS</u>
Well / Borehole Data	
Date drilling started: <u>3/23/11</u> Date drilling completed: <u>3/23/11</u> Hole depth: <u>120</u> Hole diameter: <u>20 in</u>	
Location of the source of any surface water used for drilling: _____ Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____ Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input type="checkbox"/> Geotechnical/Geological Investigation <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Seismic Survey <input type="checkbox"/> Other (describe) _____ <i>If drilling is not related to water well construction, skip the remainder of this block</i>	
Purpose of Well (check one): Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input checked="" type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Fish Culture <input type="checkbox"/> Other: _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>45</u> feet above or below (circle one) land surface Date measured: <u>3/23/11</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Well depth: <u>120</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <input type="checkbox"/> <u>Bentonite</u> <input checked="" type="checkbox"/> <u>Mix</u> <input checked="" type="checkbox"/>	
Casing length: <u>80</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>0.50</u> inches Setting depth: From <u>80</u> feet to <u>120</u> feet	
Type of completion (circle all applicable) <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. <i>If telescoped or more than one screen, describe on next page</i>	

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

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The sketch below only required for water wells

If well telescopes, show depths on sketch.
Ground Level →



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay Sandy	Ground Level	40ft
Sand	40ft	60ft
Sand + gravel	60ft	120ft

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

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

Landowner Name: Joe Earl Watford

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

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Cook Drilling, Inc 289 1/10/12 Lidney Cook
Print Name of Responsible Licensee and License No. Date Signature of Licensee

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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 #: GW-44533
 Driller: Cook Drilling Co. Inc.
 Date completed: 3-25-11
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: P219
 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>Joe. Earl Watford</u>	Latitude: <u>33.39588</u> Longitude: <u>90.47100</u>
Mailing Address: <u>656 Howard Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Boyle</u> <u>MS.</u> <u>38730</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>2</u> $\frac{1}{4}$ _____ $\frac{1}{4}$ Sec <u>23</u> T <u>7</u> R <u>06W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>4</u> Miles <u>S</u> of <u>Skenebeg</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30 HP</u>
Date Pump Installed: <u>3/25/11</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1000</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>45</u> 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.

Cook Drilling Co. Inc 289
 Print Name of Pump Installer and License No. (if applicable)

Gall Well
 Signature of Pump Installer

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

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 JAN 24 2012
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