

777

County Bolivar
 Permit # 60042628
 Driller Bryant Flowers
 Date drilling completed 6-4-08

State Well Report
 Part I - Driller's Log
 Mississippi Office **DEAN** Department of Environmental Quality
 and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:
 Acquirer: _____
 Well # Q-203
 L.S. Elevation: _____
 Entry # _____

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>Delbert Dan Dumas</u>	Latitude: <u>33° 40' 48.8"</u> Longitude: <u>90° 26' 48.6"</u>
Mailing Address: <u>21 Sunrise Dr</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Boyle</u> MS <u>38730</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE</u> SE 1/4 Sec <u>12</u> Twp <u>21N</u> Rng <u>5W</u>
Telephone No. (662) <u>846-7584</u>	NW Distance _____ Direction _____ Nearest town _____
	Miles _____ of _____
Well / Borehole Data:	
Date drilling started: <u>6-4-08</u> Date drilling completed: <u>6-4-08</u> Hole depth <u>120'</u> Hole diameter <u>2.6"</u>	
Location of the source of any surface water used for drilling: <u>Ditch 1200' AWAY</u>	
Method of dosing and volume of Chlorine used in drilling and development: _____	
Logs run (circle all applicable): <u>no log run</u> Electric Gamma Ray Density Sonic Neutron Other _____	
Name of organization running log(s): _____	
Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____	
Seismic Survey _____ Other (describe) _____	
<i>If drilling is not related to water well construction, ship the remainder of this block</i>	
Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation <input checked="" type="checkbox"/> Fish Culture _____ Other _____	
If a flowing well, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>41</u> (feet above or below (circle one) land surface) Date measured <u>6-5-08</u>	
Method of Measurement (circle one): steel tape <input checked="" type="checkbox"/> acoustic tape air line other _____	
Well depth: <u>120</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): <u>Best Cement</u> Bentonite Mix	
Casing length: <u>80</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>40</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>30</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 top pipe or reduction in casing: <u>0/A</u> feet <i>If telescoped or more than one screen, describe on next page</i>	

42628

Form QJWR-SWR-1A
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YMD JOINT WATER
MANAGEMENT DISTRICT

STATE WELL REPORT

County: Bolivar
 Permit #: OLW 47428
 Driller: John Rybolt IV
 Date completed: 6-5-08
 Copy information from block on Part 1

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)

For Office Use Only:
 Aquifer: _____
 Well #: Q-203
 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>Delbert Dean Pastorek III</u>	Latitude: <u>N33° 40' 48.8"</u> Longitude: <u>W090° 33' 49.6"</u>
Mailing Address: <u>21 Sunrise Dr.</u>	Method of Lat/Long (check one): <input checked="" type="checkbox"/> Conventional Survey _____
<u>Bolivar</u> MS <u>38730</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 Sec <input type="checkbox"/> T <input type="checkbox"/> R
Telephone No. <u>(662) 246-7584</u>	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u>	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): <u>Gen. Drive</u>
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>6-5-08</u>	Setting Depth: <u>50</u> feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>ADT 7/25/08</u>	Air Lift <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>41</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge:
Clayton Miller 0-703
 Print Name of Pump Installer and License No. (if applicable) Clayton Miller
 Signature of Pump Installer