	☐ State W	ell Report	For Office Use Only:
County: BOLIVAR Oli	Part 1		-
Permit #: 6W 40150		t of Environmental Quality	Aquifer:
		nd Water Resources Box 10631	Well #: <u>T-181</u>
Driller: SIDN&Y COOK		IS 39289-0631	L. S. Elevation:
Date drilling completed: $4/5/0.5$		961-5210	
_	(601)35	4-6938 (fax)	E-log #:
State Law requires that this te	company, and	d-illon in dotail and filad w	with the Department within
		urmer m uetan anu meu w	and the pepartment within
30 days of completion of drilling of the well. Well Owner Information		Wel	Location
		Latituda: 33 . 25 ( 11	* Longitude: 90° 47.004
Owner Name KITTLE BROZHERS			
Mailing Address: C/O DELTA RENT ALL		46 Method of Lat/Long (circle of	ne): Conventional Survey,
-		USGS quad. Hand-held	GPS, Survey-grade GPS
P.O. Box 7	89		
CLARISDALE MS 38014 City State Zip Code		NE 14 _SE 14 Sec_ []	Twn ZON Rng GW
		Distance Direction	Nearest Town
		/4 Miles Sourh of SHAN	
Telephone No. ()			
	Well	Lata	anna hidi an anna a' thiùith ann an Airdin ann an Airdin
		Tist Calter	Other
Purpose of Well (circle one) Home			<b>.</b>
Date well drilling started:/5/	Date Date	well drilling completed:	4/5/05
If flowing, method of flow regulation: \			
IT nowing, method of now regulation.		$\frown$	21-1-
Static Water Level: <u>32</u> feet	above of below (circle one)	and surface Date measured:	7/5/05
Method of Measurement (circle one)	steel tape electric tape	air line other:	
Hole depth: 120 Well			
Type of grout (circle one): Cement	Bentomte Mix		
			Dur
Casing length: 80 feet Ca			
Screen length: <u>40</u> feet So	reen diameter: 16	inches Type of screen:	Prc
Screen slot size: O S Oinches			ζο feet
	$\sim$		
Type of completion (circle all applicable	e): Stravel packed Unde	rreamed Telescoped Open	n hole Natural Development
	Other (describe)		
Top of lap pipe or reduction in casing:	feet. If te	lescoped or more than one sc	reen, describe on back of page
Logs run (circle all applicable): No log	run Electric Gamma Rav	Density Sonic Neutron	Other:
Name of organization running log(s): I certify that the well was drilled, con	structed and completed in	accordance with all annlicabl	e requirements of the Mississippi
Department of Environmental Qualit	_		
Department of Environmental Qualit	y and/or the pussissippi De	par unent of ficanar regulation	TO WEAK OFFICE AND
-			
$\sum $	HA 200		
SIDNEY COOK	#0-289		T CLODY
SIDNEY COR Print Name of Water Well Contractor a	•		f Water Well Contractor

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APR 2.6 2005 BY: OLWR

GW 40150

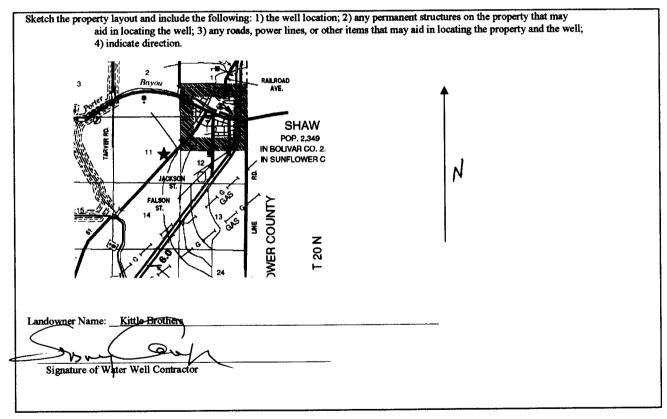
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	То
Clay	0	51
Sand	51	56
Clay	56	62
Heavy Sand & Gravel	.62	120

T-181

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



APR 2 6 2005 BY: OLVVR

, i STATE	E WELL REPORT
County: Bolivar Pump Install	Part 2 For Office Use Only: ler's Completion Report
Permit #: 6W40150 Mississippi Depar	rtment of Environmental Quality Well #: T-181
	Land and Water Resources Elevation:
Date completed: Jacks	son, MS 39289-0631
	(601)961-5210 01)354-6938 (fax)
This report must be prepared by the pump install	ler in detail and filed with the Department within 30 days of the
installation of pump. A copy of Part 1 of this repo Well Owner Information	Well Location
Owner Name: Kittle Brothers	Latitude:Longitude:
Mailing Address: P.O. Box 789	Method of Lat/Long (circle one): Conventional Survey,
	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Clarksdale MS</u> <u>386/4</u> City State Zip Code	NE 1/4 SE 1/4 Sec 11 Twn ZON Rng 6W
	Distance Direction Nearest Town
Telephone No. (62) 627 - 7368	Miles South of Sharv
Ритр Туре	Power Type
Circle one	Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	
Other (specify):	Horse Power Rating of Motor: 80
Date Pump Installed:	Setting Depth: 70 feet
Rated Pump Capacity: Gallons Per Min	nute Number of Stages:
Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested:	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): Feet Below Land Sur	urface
Pumping Water Level (B): Feet Below Land Sur	Other (specify):
Drawdown [(B) – (A)]:Feet Below Land Sur	
Test Pumping Rate: Gallons Per Mi	inute Well yielded GPM with a drawdown of
Duration of Pump Test (minimum 4 hours):h	oursfeet afterhours of pumping
I HEREBY CERTIFY that the above statements are true to	the best of my knowledge.
David P. Holt O-752 P Print Name of Pump Installer and License No. (if applicable	e) Signature of Pump Installer RECEIVED
	e) Signature of Pump Installer RECEIVED APR 2 0 2005
	BY: OLWR