

# 937

County: Bolivar  
 Permit #: OLW 43094  
 Driller: Clarence M. Murry  
 Date drilling completed: 4-2-09

**State Well Report**  
**Part I - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2307  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: T-202  
 L.S. Elevation: \_\_\_\_\_  
 R-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>Henry Masco</u> Mailing Address: <u>701 West Sunflower Rd</u> <u>Cleveland MS 38732</u> City State Zip Code Telephone No.: <u>(662) 846-1425</u>	Latitude: <u>N 33° 35' 39.36" W 90° 47' 32.5" W</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>NW 1/4 SW 1/4 Sec 11 Twn 20N Rng 6W</u> Distance Direction Nearest Town <u>Miles of Shaw</u>
<b>Well / Borehole Data</b>	
Date drilling started: <u>4-2-09</u> Date drilling completed: <u>4-2-09</u> Hole depth: <u>120'</u> Hole diameter: <u>26"</u> Location of the source of any surface water used for drilling: <u>near by well</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, skip 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) <u>N/A</u> Static Water Level: <u>38</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>4-6-09</u> Method of Measurement (circle one) steel tape <input checked="" type="checkbox"/> 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): <u>Neat Cement</u> Bentonite Mix Casing length: <u>60</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u> Screen length: <u>60</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u> Screen slot size: <u>.050</u> inches Setting depth: From <u>60</u> feet to <u>120</u> feet Type of completion (circle all applicable): <input checked="" type="checkbox"/> Gravel packed _____ Underreamed _____ Telescoped _____ Open hole _____ Natural Development _____ Other (describe): _____ Top of lap pipe or reduction in casing: <u>N/A</u> feet. <i>If telescoped or more than one screen, describe on next page</i>	

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

FILED  
 APR 08 2009  
 BOLIVAR

T-202

The sketch below only required for water wells

If well telescopes, show depths on sketch.

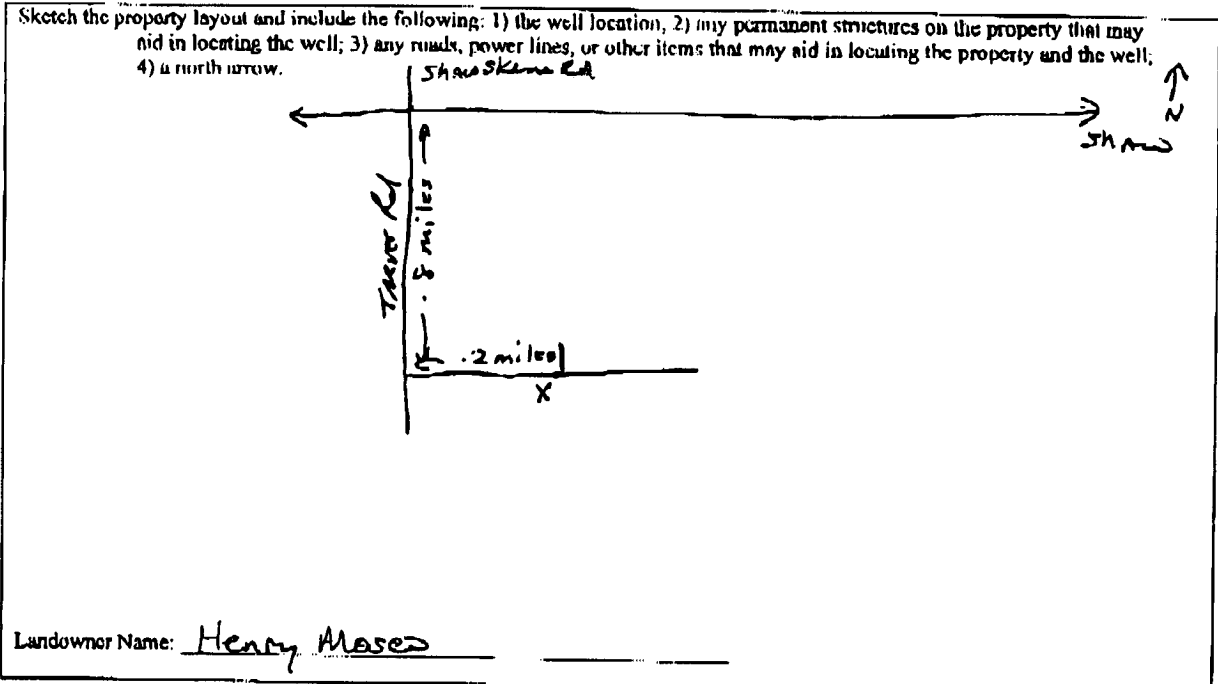
Ground Level →

GW43094

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 & Top Sand	Ground Level	15"
Fine Sand	15"	25"
Fine Sand/Medium Sand	25"	35"
Medium Sand & Pea Gravel	35"	45"
Medium Sand & Pea Gravel	45"	55"
Coarse Pea Gravel	55"	65"
Coarse Sand & Gravel	65"	75"
Coarse Sand & Gravel	75"	85"
Coarse Sand & Gravel	85"	95"
Coarse Sand & Gravel	95"	105"
Coarse Sand & Gravel	105"	115"
Coarse Sand & Gravel	115"	130"

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



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.

Clayton Miller      0-703 4-7-09      Clayton Miller  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee

APR 08 2009

BY: OLWR

### 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 # OLW43094  
 Driller: John Rybolt IV  
 Date completed: 4-6-09  
 Copy information from block on Part 1

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: T-202  
 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>Henry Mosco</u>	Latitude: <u>N33° 35' 39.26"</u> Longitude: <u>W90° 47' 34.5"</u>
Mailing Address: <u>701 West Sunflower Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Cleveland MS 38732</u> City State Zip Code	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
Telephone No. <u>(662) 846-1425</u>	_____ 1/4 _____ 1/4 Sec _____ T _____ R _____
	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of <u>Shaw</u>

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> <input checked="" type="checkbox"/>	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): _____
Other (specify): _____	Horse Power Rating of Motor: <u>600 HP</u>
Date Pump Installed: <u>4-6-09</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2,500</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NOT TESTED</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>38</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 _____
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	_____ feet after _____ hours of pumping
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

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

RECEIVED

APR 08 2009

BY: OLWR