

# State Well Report

Part 1

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: T 204  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Bolivar  
Permit #: \_\_\_\_\_  
Driller: Willie Bryant  
Date drilling completed: 10-25-09

**State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.**

Well Owner Information	Well Location
Owner Name: <u>Earl Gray</u>	Latitude: <u>33° 33' 51" N</u> Longitude: <u>090° 49' 17" W</u>
Mailing Address: <u>P.O. Box 585</u> <u>Hwy 450</u>	Method of Lat/Long (circle one): <u>30</u> Conventional Survey, <u>10</u>
<u>Shaw MS 38773</u>	USGS quad: <u>Hand-held GPS</u> ; Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NW 1/4 NE 1/4 Sec 28</u> 1/4 SW <u>20N</u> Rng <u>6 W</u>
Telephone No.: <u>(662) 402-1527</u> <u>402-1526</u>	Distance: <u>4</u> Miles Direction: <u>SW</u> of Nearest Town: <u>Shaw</u>

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 10-25-09 Date well drilling completed: \_\_\_\_\_

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) 10-25-09

Static Water Level: 30 feet above or below (circle one) land surface Date measured: 10-25-09

Method of Measurement (circle one) steel tape electric tape air line other: Rope + weight

Hole depth: 100' Well depth: 100' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: .016 inches Setting depth: From 80 feet to 100 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: - 0 - feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

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

Willie L. Bryant 0-639  
Print Name of Water Well Contractor and License No.

Willie L. Bryant  
Signature of Water Well Contractor

**RECEIVED**

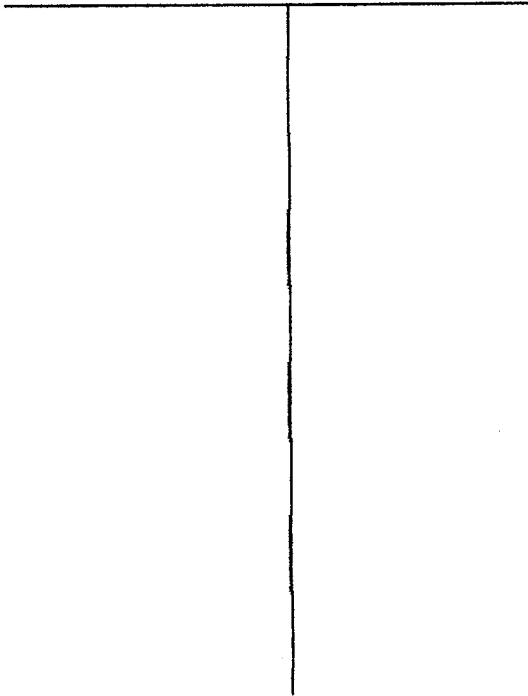
NOV 25 2009

BY: OLWR

T204

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
Clay & Brown Sand	0	20
Brown sand	20	40
Brown + Coarse sand	40	60
Coarse sand + gravel	60	80
Gravel	80	100

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) indicate direction.

Landowner Name: Earl Gray

Willie L. Bryant  
Signature of Water Well Contractor

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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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: T 204  
 Well #: \_\_\_\_\_  
 Elevation: \_\_\_\_\_

County: Bolivar  
 Permit #: \_\_\_\_\_  
 Driller: Willie Bryant  
 Date completed: 10-29-09

**This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.**

Well Owner Information	Well Location
Owner Name: <u>Earl Gray</u>	Latitude: <u>33° 33.51 N</u> Longitude: <u>090° 49.17 W</u>
Mailing Address: <u>P.O. Box 585</u> <u>Hwy 450</u> <u>Shaw MS 38773</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>28</u> Twn <u>20N</u> Rng <u>6 W</u>
Telephone No. <u>(662) 402-1527</u> <u>402-1526</u>	Distance Direction Nearest Town <u>4</u> Miles <u>SW</u> of <u>Shaw</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>2</u>
Date Pump Installed: <u>10-25-09</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>90</u> Gallons Per Minute	Number of Stages: <u>5</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>10-29-09</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>30</u> Feet Below Land Surface	Other (specify): <u>Rope &amp; weight</u>
Pumping Water Level (B): <u>34</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>4</u> Feet Below Land Surface	Well yielded <u>93</u> GPM with a drawdown of
Test Pumping Rate: <u>93</u> Gallons Per Minute	<u>4</u> feet after <u>5</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>5</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Willie L. Bryant 0-639      Willie L. Bryant  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

**RECEIVED**  
 NOV 25 2009  
 BY: OLWR