

County: Cochema
 Permit #: _____
 Driller: Willie Bryant
 Date drilling completed: 1-26-14

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)

For Office Use Only:
 Aquifer: A
 Well #: A 41
 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.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>M. D. O. T</u> Mailing Address: <u>P.O. Box 660</u> <u>Ratesville MS 38604</u> <small>City State Zip Code</small> Telephone No. <u>(662) 563-4541</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>34° 29' 20" N</u> Longitude: <u>90° 32' 63" W</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>S 1/2 NW 1/4 Sec 7 Twn 30 N Rng 3 W</u> Distance Direction Nearest Town <u>5 1/2 Miles SW of Lula</u></p>
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Well / Borehole Data

Date drilling started: 1-26-14 Date drilling completed: 1-26-14 Hole depth: 100' Hole diameter: 6 1/2"

Location of the source of any surface water used for drilling: water from shallow well
 Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Seismic Survey _____ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: Bathroom

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 38' feet above or below (circle one) land surface Date measured: 1-29-14

Method of Measurement (circle one) steel tape electric tape air line other: Sonic water level reader

Well depth: 100' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 4" inches Type of casing: PVC Sch-40

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

Screen slot size: .013 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 next page*

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

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FEB 27 2014

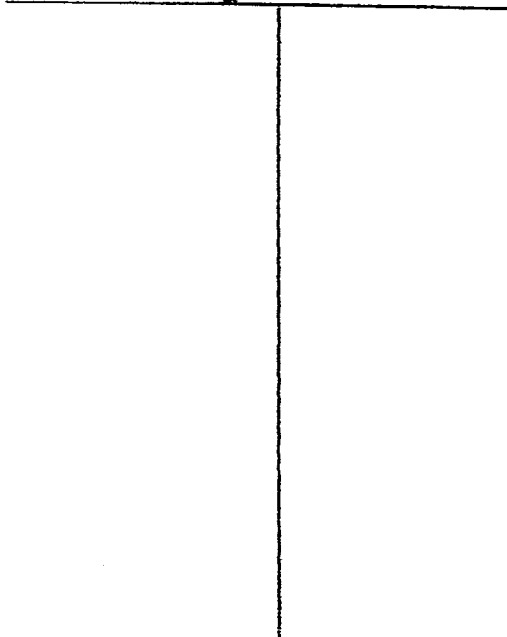
BY: OLWR

A 41

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)
	Ground Level	15
Clay		
Brown sand	15	25
clay	25	35
Brown sand	35	50
med. sand	50	60
coarse gravel	60	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) a north arrow.

Landowner Name: MS Dept. of Transportation

Form: OLWR-SWR-LA (04/06)

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.

Willie L. Bryant 0-639 2-24-14 Willie L. Bryant
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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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)

For Office Use Only:

Aquifer: _____
 Well #: A 41
 Elevation: _____

County: Coahoma

Permit #: _____

Driller: Willie Bryant

Date completed: 1-29-14

Copy information from block on Part 1

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>M. D. O. T.</u>	Latitude: <u>34° 29.20' N</u> Longitude: <u>090° 32.63' W</u>
Mailing Address: <u>P.O. Box 660</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Batesville MS 38604</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>7</u> T <u>30N</u> R <u>3W</u>
Telephone No. <u>(662) 563-4541</u>	Distance Direction Nearest Town <u>5.5</u> Miles <u>SW</u> of <u>Lula</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> <u>Submersible</u> <input checked="" type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> <input checked="" type="checkbox"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1/2 HP</u>
Date Pump Installed: <u>1-29-14</u>	Setting Depth: <u>80'</u> feet
Rated Pump Capacity: <u>10</u> Gallons Per Minute	Number of Stages: <u>8</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>1-31-14</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>38</u> Feet Below Land Surface	Other (specify): <u>Sonic water level meter</u>
Pumping Water Level (B): <u>41</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>3</u> Feet Below Land Surface	Well yielded <u>12</u> GPM with a drawdown of
Test Pumping Rate: <u>12</u> Gallons Per Minute	<u>3</u> feet after <u>4</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump

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

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

Willie L. Bryant
 Signature of Pump Installer

Form: OLWR-SWR-1C (07-09)

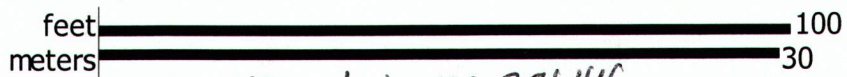
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FEB 27 2014

BY: OLWR



Google earth



M.D.O.T. weigh scale 2140 Hwy 49 Lula, MS 38644

