

well #3

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:	_____
Well #:	<u>J-131</u>
L. S. Elevation:	_____
E-log #:	_____

County:	<u>Desoto</u>
Permit #:	<u>6W41631</u>
Driller:	<u>Delta Drilling, Inc.</u>
Date drilling completed:	<u>3-4-07</u>

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>Rob Bolander</u>	Latitude:	<u>34° 45' 68.9"</u> Longitude: <u>90° 11' 40.2"</u>
Mailing Address:	<u>P.O. Box 50060</u>	Method of Lat/Long (circle one):	Conventional Survey
	<u>Amarillo TX 79159</u>	USGS quad, Hand-held GPS, Survey-grade GPS	
City	State	Zip Code	
Telephone No.:	<u>(806) 333-2673</u>	SW 1/4 NE 1/4 Sec <u>6</u> Twn <u>45</u> Rng <u>PW</u>	
		Distance	Direction
		<u>12.5</u> Miles	<u>SE</u> of <u>Robinsonville</u>

Well Data			
Purpose of Well (circle one)	Home	Industrial	Public Supply
			<u>Irrigation</u>
			Fish Culture Other: _____
Date well drilling started:	<u>3-4-07</u>	Date well drilling completed:	<u>3-4-07</u>
If flowing, method of flow regulation:	Valve	Other (describe): _____	
Static Water Level:	<u>15</u> feet above or below (circle one) land surface	Date measured:	<u>3-6-07</u>
Method of Measurement (circle one)	<u>steel tape</u>	electric tape	air line other: _____
Hole depth:	<u>100</u>	Well depth:	<u>97</u>
		Well grouted to a depth of	<u>10</u> feet
Type of grout (circle one):	Cement	<u>Bentonite</u>	Mix
Casing length:	<u>59</u> feet	Casing diameter:	<u>16</u> inches
Type of casing:	<u>PVC</u>		
Screen length:	<u>38</u> feet	Screen diameter:	<u>16</u> inches
Type of screen:	<u>PVC</u>		
Screen slot size:	<u>32</u> inches	Setting depth: From	<u>59</u> feet to <u>97</u> feet
Type of completion (circle all applicable):	<u>Gravel packed</u>	Underreamed	Telescoped
		Open hole	Natural Development
	Other (describe): _____		
Top of lap pipe or reduction in casing:	_____ 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: <u>Visual Drill</u>
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.

ALAN PYLE 0674 Alan Pyle

Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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County: Weslco
 Permit #: 6W 41631
 Driller: Delta Drilling
 Date completed: _____

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 #: J.131
 Elevation: _____

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>Bob Bolander</u>	Latitude: <u>N34.45652</u> Longitude: <u>090-11-402</u>
Mailing Address: <u>P.O. Box 50060</u>	Method of Lat/Long (circle one): Conventional Survey, <u>39</u> <u>24</u>
<u>Amerville TX 79159</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 5 Twn 4S Rng 9W</u>
Telephone No. <u>(806) 333-2673</u>	Distance Direction Nearest Town
	<u>12.5 Miles SE of Robinsonville</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Bucket <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other (specify): _____ Date Pump Installed: <u>3-6-07</u> Rated Pump Capacity: <u>2000</u> Gallons Per Minute	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Electric Motor <input type="checkbox"/> Windmill Horse Power Rating of Motor: <u>100</u> Setting Depth: <u>60</u> feet Number of Stages: <u>2</u>
<input type="checkbox"/> Jet <input type="checkbox"/> Piston <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Flowing Well	<input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Hand <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Natural Gas <input type="checkbox"/> Tractor PTO

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

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
ALAN PYLE 0674 _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 MAR 28 2007
 BY: OLWR