

well #45

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 #: J-132

L. S. Elevation: _____

E-log #: _____

County: Desoto

Permit #: GW 41624

Driller: Delta Drilling, Inc.

Date drilling completed: 3-20-07

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>N 34.43.690</u> Longitude: <u>W 92.11.673</u>
Mailing Address: <u>P.O. Box 50060</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Amarillo TX 79159</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>SE</u> 1/4 <u>NW</u> 1/4 Sec <u>18</u> Twn <u>4S</u> Rng <u>9W</u>
Telephone No. <u>(806) 333-2673</u>	Distance <u>13</u> Miles Direction <u>SE</u> of Nearest Town <u>Robinsonville</u>

Well Data

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

Date well drilling started: 3-20-07 Date well drilling completed: 3-20-07

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

Static Water Level: 17 feet above or below (circle one) land surface Date measured: 3-24-07

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 220 Well depth: 220 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 180 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 60 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 32 inches Setting depth: From 180 feet to 222 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: _____ 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: Visual Drill

Name of organization running log(s): _____

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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

If well telescopes please sketch below and show depths.

Ground Level GW 41624

Description of Formations Encountered	From	To
Clay	0	40
Sand + Gravel	40	55
Clay	55	140
Clay Sand	140	160
Sand + Gravel	160	280

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: Bob Polak

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Olaf
 Signature of Water Well Contractor

County: Waltham
 Permit #: 61W 41624
 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-132
 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>34.43 690</u> Longitude: <u>090 11.673</u>
Mailing Address: <u>P.O. Box 50060</u>	Method of Lat/Long (circle one): <u>41</u> Conventional Survey, <u>40</u>
<u>Amerville TX 79159</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE 1/4 SW 1/4 Sec 18 Twn 45 Rng 9W</u>
Telephone No. <u>(806) 333-2673</u>	Distance Direction Nearest Town
	<u>13 Miles BE of Amerville</u>

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

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>19</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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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