

Well #6

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-133
L.S. Elevation: _____
E-log #: _____

County: Desoto
Permit #: 6W 41623
Driller: Delta Drilling, Tampa
Date drilling completed: 3-21-07

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° 44' 41"</u> Longitude: <u>99° 11' 23"</u>
Mailing Address: <u>P.O. Box 50060</u>	Method of Lat/Long (circle one): <u>08</u> Conventional Survey, <u>14</u>
<u>Amarillo TX 79159</u>	<u>USGS quad, Hand-held GPS, Survey-grade GPS</u>
City State Zip Code	<u>NE 1/4 SE 1/4 Sec 18 Twn 45 Rng 9W</u>
Telephone No. <u>(806) 333-2673</u>	Distance Direction Nearest Town
	<u>SE</u> Miles <u>12</u> of <u>Robersonville</u>

Well Data

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

Date well drilling started: 3-21-07 Date well drilling completed: 3-21-07

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

Static Water Level: 15 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: 200 Well depth: 190 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 150 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 32 inches Setting depth: From 150 feet to 190 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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BY: OLWR

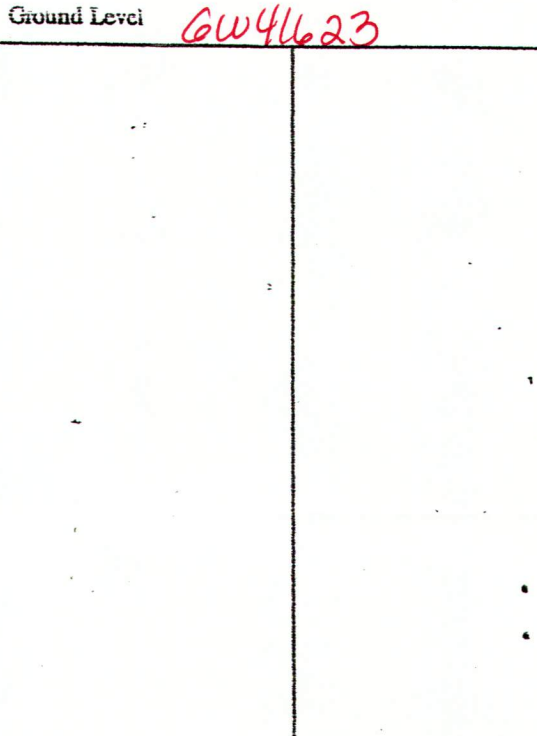
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

ALAN PYLE 0674
Print Name of Water Well Contractor and License No.

Alan Pyle
Signature of Water Well Contractor

J-133

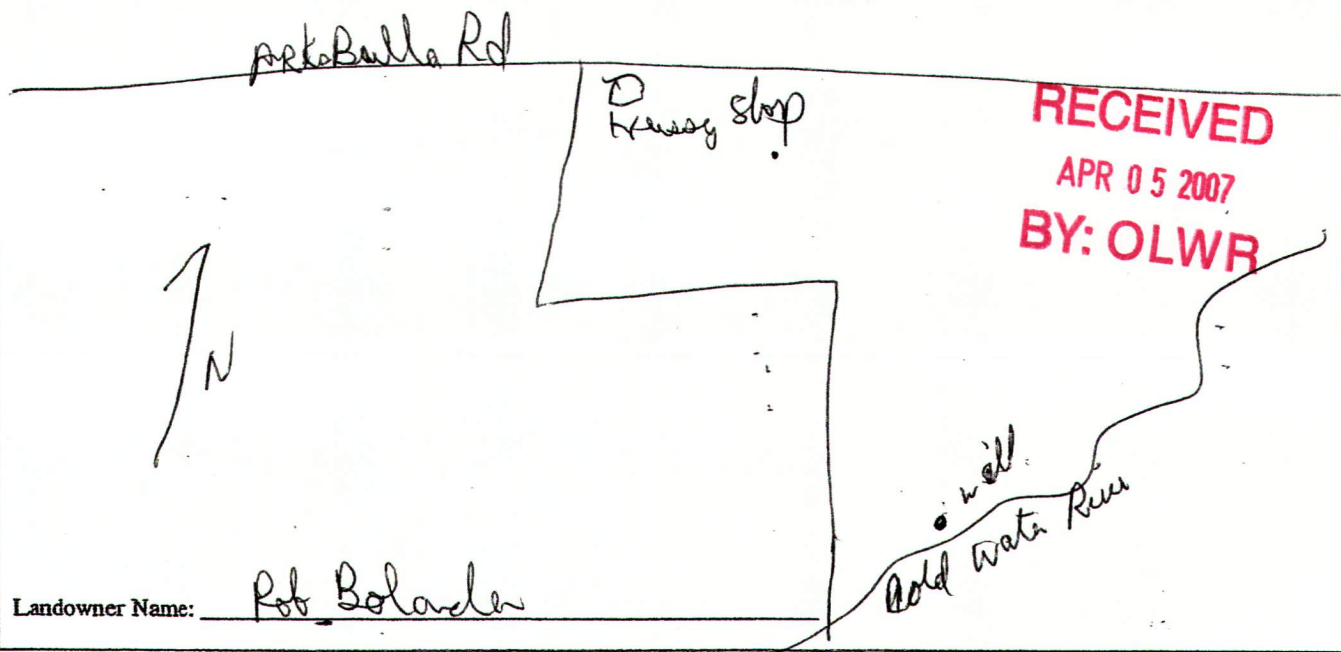
If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
clay	0	32
Sand + gravel	32	50
Clay	50	145
Sand + coarse sand	145	190

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.



[Signature]
Signature of Water Well Contractor

Date completed: cow 4/16/23

(601)961-5210
(601)354-6938 (fax)

Elevation: J-133

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 44 14</u> Longitude: <u>90 - 11 - 228</u>
Mailing Address: <u>P.O. Box 50060</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Amerville TX 79159</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 14 Twn 4 S Rng 9 W</u>
Telephone No. <u>(806) - 333 - 2673</u>	Distance Direction Nearest Town
	<u>1.5</u> Miles <u>SE</u> of <u>Amerville MS</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>14</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	

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

ALAN DYKE 0674 _____
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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