

OCT-17-2006 12:35 From: MID SOUTH WATER

6628431717

To: 601 360 0535

P.2/4

HS 46

County Sharkey  
 Permit # 00091348  
 Driller Shane Partridge  
 Date drilling completed 10-6-06

**State Well Report**  
**Part I - Driller's Log**  
 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 # A-130  
 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.*

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name <u>Bill Boylkin</u>	Latitude: <u>N 33° 41' 34.9"</u> Longitude: <u>W 09° 45' 53.5"</u>
Mailing Address: <u>P.O. Box 118</u>	Method of Lat/Long (circle one): Conventional Survey, <u>35</u>
<u>Delta City</u> <u>MS</u> <u>39061</u>	USGS quad: <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 25 Twn 14N Rng 6W</u>
Telephone No. <u>(662) 907-7183</u>	Distance Direction Nearest Town <u>6 Miles S.E. of Anguilla</u>

**Well / Borehole Data**

Date drilling started: 10-6-06 Date drilling completed: 10-6-06 Hole depth: 122 Hole diameter: 27"

Location of the source of any surface water used for drilling: CANAL

Method of dosing and volume of Chlorine used in drilling and development: 5 LBS CHLORINE

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: \_\_\_\_\_

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

Static Water Level: 20 feet above or below (circle one) land surface Date measured: 10/10/06

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

Well depth: 120' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 16" inches Type of casing: PVC

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

Screen slot size: .050 inches Setting depth: From 80 feet to 120 feet

Type of completion (circle all applicable): Gravel packed Underdrummed 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 next page*

Form: OLWR-SWR-1A

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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: \_\_\_\_\_

Well # A-130

Elevation: \_\_\_\_\_

County: Sharkey  
 Permit # 00041348  
 Driller: Bill Flannery  
 Date completed 10-10-06  
 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>Bill Boykin</u>	Latitude: <u>N 33° 61' 34.9"</u> Longitude: <u>W 090° 45' 53.5"</u>
Mailing Address: <u>P.O. Box 118</u>	Method of Lat/Long (check one): Conventional Survey <u>33</u>
<u>Delta City MS 39061</u>	USGS quad _____ Hand-held GPS <u>X</u> Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 SE 1/4 Sec 25 T. 19 N. R. 6 W</u>
Telephone No. <u>(662) 907-7183</u>	Distance Direction Nearest Town
	<u>1.6 Miles SE of Anquilla</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>70</u>
Date Pump Installed: <u>10-10-06</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>NOT TESTED</u>	Air Line <input type="checkbox"/> <u>Electric Measuring Line</u> Steel Tape
Static Water Level (A): <u>20</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) (A)]: <u>N/A</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	

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

Thomas G. Christman 0-703 Thomas G. Christman  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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BY: OLWR