30 days of completion of drilling	Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)  L. S. Elevation: E-log #:  this report be prepared by the driller in detail and filed with the Department within				
Well Owner Informs			Location		
Owner Name Dr. Robert Tibb		Latitude: <u>34 ° 00 ' 33</u>	" Longitude: 90 ° 41 · 14"		
Mailing Address: One Hospital	Drive	Method of Lat/Long (circle on	e): Conventional Survey,		
		USGS quad, Hand-held	GPS, Survey-grade GPS		
Cleveland, M	ıs 38732 .	NW 14 SW 14 Sec 26	Twn 25N Rng 5W		
City Sta 662-843-8347	te Zip Code	Distance Direction  5 Miles SE	Nearest Town		
·	Well I	Data			
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:  Date well drilling started: 7-31-04  Date well drilling completed: 7-31-04  If flowing, method of flow regulation: Valve Other (describe)  Static Water Level: 24ft feet above of below (circle one) land surface Date measured: 7-31-04					
		_			
Method of Measurement (circle one) steel tape electric tape air line other:  Hole depth: 106' Well depth: 106' Well grouted to a depth of 10 feet  Type of grout (circle one): Cement Bentonit Mix					
Casing length: 66 feet Casi	ne diameter: 16	inches Type of cosing:	PVC Sch.40		
Casing length: 66 feet Casing diameter: 16 inches Type of casing: PVC Sch. 40  Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC Sch. 40					
Screen slot size:					
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:					

Print Name of Water Well Contractor and License No.

Customer contracted with Peacock Pump & Repair (Cleveland, MS PECEIVED pump installation. Mailed part #2 & part #1 copy 8-9-04.

AUG 4.9 2004

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.

Name of organization running log(s):

Irrigation Equipment Inc. Patrick M. Chism 0695

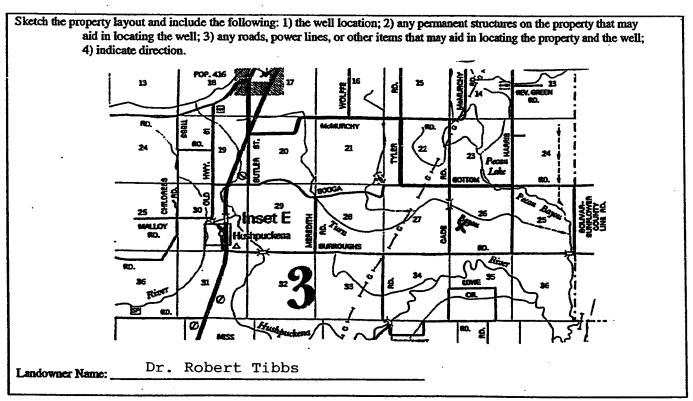
AUG 1 3 2004

BY: OLWR

Ground	Level
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Description of Formations Encountered		From	Tổ
Clay	•	0	38
Fine	Sand	39	45
Fine	Sand/gravel	46	50
Med.	Sand/gravel	51	103
Clay		104	106
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If more than one screen, show location of each on sketch



Fatich M Chion
Signature of Water Well Contractor

## 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

For Office Use Only:		
Aquifer:		
Well#: B(39		
Elevation:		

Date completed: 8 2 - D 4	(601)961-5210 01)354-6938 (fax)			
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: Dr. Robert Tibbs	Latitude:Longitude:			
Mailing Address: One Hospital Drive	Method of Lat/Long (circle one): Conventional Survey,			
<del>V</del>	USGS quad, Hand-held GPS, Survey-grade GPS			
Cleveland, MS 38732	NW 14 SW 14 Sec 26 25N 5W Rng Rng			
City State Zip Code	Distance Direction Nearest Town			
662-843-8347 Telephone No. ()	5 Miles SE of Duncan			
Pump Type Power Type Circle one Circle one				
	Circle one			
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas			
Bucket Piston Turbine	Electric Motor Hand Tractor PTO			
Centrifugal Rotary Flowing Well	Windmill Other (specify):			
Other (specify):	Horse Power Rating of Motor:			
Date Pump Installed: 8-2-04	Setting Depth: 70 feet			
Rated Pump Capacity: 2800 Gallons Per Minute	Number of Stages:			
Pump Test Data	Method of Measuring Water Level			
Date Well Tested:	Circle one			
Static Water Level (A):Feet Below Land Surfac	Air Line Electric Measuring Line Steel Tape			
·	Other (specify): Cord with weight on it			
Pumping Water Level (B):Feet Below Land Surface	•			
Drawdown [(B) – (A)]:Feet Below Land Surfac				
Test Pumping Rate:Gallons Per Minute	Well yieldedGPM with a drawdown of			
Duration of Pump Test (minimum 4 hours):hours	feet after hours of pumping			
1 HEREBY CERTIFY that the above statements are true to the best of my knowledge.  Peacock's Pumo + Repair Inc. Towns Peacock In.				
Print Name of Pump Installer and License No. (if applicable)  Signature of Pump Installer  FIGURE 1.5				

AUG 1 3 2004

BY: OLWR