

# 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 #: B-156  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Bolivar  
Permit # AW 41092  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 7-5-06

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>John Fullilove</u>	Latitude: <u>34.0327</u> Longitude: <u>90.4147</u>
Mailing Address: <u>Box 143</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS
<u>Duncan MS 38740</u>	<u>NE 1/4 NE 1/4 Sec 10 Twn 25N Rng 5W</u>
City State Zip Code	Distance <u>3</u> Miles <u>East</u> of <u>Duncan</u>
Telephone No. ( ) _____	

**Well Data**

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

Date well drilling started: 7-5-06 Date well drilling completed: 7-5-06

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

Static Water Level: 20' feet above or below (circle one) land surface Date measured: 7-5-06

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

Hole depth: 135 Well depth: 135 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 95 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: .050 inches Setting depth: From \_\_\_\_\_ feet to \_\_\_\_\_ 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: \_\_\_\_\_

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

Irrigation Equipment Inc.  
Patrick M. Chism 0695

*Patrick M. Chism*  
Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

Owner contracted with Peacock Pump & Repair (Cleveland, MS)  
Peacock Pump & Repair will install pump.

RECEIVED  
AUG 04 2006  
BY: OLWR





### STATIC WELL REPORT

#### Part 2

Pump Installer's Completion Report  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 1063  
 Jackson, MS 39281-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: Bolivar  
 Well ID: OW 41092  
 Driller: Irrigation Equipment  
 Date installed: 7-5-06  
 See instructions from Meeker, Part 1

Part 2 (Use Only)  
 Aquifer: \_\_\_\_\_  
 Well ID: B-156  
 Elevation: \_\_\_\_\_

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>John Fullilove</u>		Latitude: <u>34.03 271</u>	Longitude: <u>90.41, 470</u>
Main Address: <u>Box 143</u>		Method of Lat/Long (check one): <u>Conventional Survey</u>	
<u>Duncan MS 38740</u>		USGS quad: <u>Hand-held GPS</u> Survey-grade GPS _____	
City State Zip Code		<u>NE 1/4 NE 1/4 Sec 10 T25N R5W</u>	
Telephone No. <u>(662) 902-3852</u>		Distance: <u>3</u> Miles <u>East</u> of <u>Duncan</u>	

Pump Type Circle one	Pump Type Circle one	Pump Type Circle one
Air Lift: <u>Jet</u> <u>Submersible</u>	<u>Electric Engine</u> <u>Gasoline Engine</u> <u>Natural Gas</u>	
Bucket: <u>Piston</u> <u>Turbine</u>	<u>Electric Motor</u> <u>Hand</u> <u>Tractor PTO</u>	
Centrifugal: <u>Rotary</u> <u>Flowing Well</u>	<u>Windmill</u> <u>Other (specify): _____</u>	
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>	
Date Pump Installed: <u>7-6-06</u>	Setting Depth: <u>80'</u> feet	
Rated Pump Capacity: <u>2600</u> Gallons Per Minute	Number of Stages: <u>2 - 12"</u>	

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	<u>Air Line</u> <u>Electric Measuring Line</u> <u>Steel Tape</u>
Static Water Level (A): <u>42'</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 _____ feet after _____ hours of pumping
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.  
Peacock's Pump Repair Inc. 0-728P Tommy Peacock Jr.  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

*NEW PUMP installed in new 16" well. OLD WELL went Bad.*

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**AUG 07 2006**  
**BY: OLWR**