

State Well Report

County: Boliver
 Permit #: 41953
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 5-14-07

Mississippi
FULLILOVE
 Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 1325N05W
 (601) 354-0956 (fax)

For Office Use Only:

Aquifer: _____
 Well #: B-165
 L. S. Elevation: _____
 E-log #: _____

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>Tommy Fullilove</u>	Latitude: <u>34° 02' 19.5"</u> Longitude: <u>90° 40' 06.3"</u>
Mailing Address: <u>Box 186</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Duncan MS 38740</u>	USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 13 Twn 25N Rng 5W</u>
Telephone No. <u>(662) 395-2574</u>	Distance Direction Nearest Town <u>5</u> Miles <u>E</u> of <u>Duncan</u>

Well Data

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

Date well drilling started: 5-14-07 Date well drilling completed: 5-14-07

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

Static Water Level: 30 feet above or below (circle one) land surface Date measured: 5-14-07

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

Hole depth: 127 Well depth: 127 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 87 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 88 feet to 127 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

Print Name of Water Well Contractor and License No. _____ Signature of Water Well Contractor _____

Owner contracted with Peacock Pump & Repair.
 Peacock Pump & Repair will install pump.

41953

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 TMD JOINT WATER
 MANAGEMENT DISTRICT

GW41953

If well telescopes please sketch below and show depths.

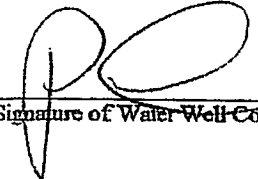
Ground Level

Description of Formations Encountered	From	To
Clay	0	49
Medium Sand + Gravel	50	127

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: Tommy Fullilove


Signature of Water Well Contractor

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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)

County: Bolevar
 Permit: 6W41953
 Driller: _____
 Date completed: 5-17-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: B-165
 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>Tommy Fullilove</u>	Latitude: <u>34° 02' 19.5"</u> Longitude: <u>90° 40' 06.3"</u>
Mailing Address: <u>P.O. Box 186</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Duncan, MS 38740</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 13 T25N R5W</u>
Telephone No. <u>(662) 395-2524</u>	Distance Direction Nearest Town
	<u>5 Miles E of Duncan</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>60</u>
Date Pump Installed: <u>5-17-07</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: _____	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>30</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.

Peacock's Pump Repair Inc 0-728P Tommy Peacock Jr.
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Pump installed in new 16" well.

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