

State Well Report

Part I

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: 167
Well #: B-166
L. S. Elevation: _____
E-log #: _____

County: Bolivar
Permit #: GW42070
Irrigation Equipment
Driller: _____
Date drilling completed: 8-16-07

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>Marshall Fullilove</u>	Latitude: <u>34° 06' 03.1"</u> Longitude: <u>90° 40' 23.0"</u>
Mailing Address: <u>P.O. Box 43</u>	Method of Lat/Long (circle one): <u>03</u> Conventional Survey, <u>23</u>
<u>Duncan</u> <u>Ms.</u> <u>38740</u>	USGS quad, Hand-held GPS, Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>NW 1/4 NW 1/4 Sec 25</u> <u>Twn 26N</u> <u>Rng 5W</u>
Telephone No. () _____	Distance Direction Nearest Town <u>3</u> Miles <u>NE</u> of <u>Alligator</u>

Well Data

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

Date well drilling started: 8-16-07 Date well drilling completed: 8-16-07

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

Static Water Level: 20 feet above of below (circle one) land surface Date measured: 8-16-07

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

Hole depth: 136 Well depth: 136 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 96.50 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 57.50 feet to 96 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: [Signature]

Tommy Peacock contracted with us to drill well. He will set pump. RECEIVED AUG 28 2007 BY: OLWR

GW42070

B-~~166~~¹⁶⁷

If well telescopes please sketch below and show depths.

Ground Level


Description of Formations Encountered	From	To
Clay	0	45
Medium sand + Gravel	46	93
Clay	94	136

→ Blanked
40'

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: Marshall Fullilove



Signature of Water Well Contractor

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AUG 28 2007
BY: OLWR

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: Bolivar
 Permit #: _____
 Driller: _____
 Date completed: 8-17-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: B-167
 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>MARSHAL FULLIKOVF</u> Mailing Address: <u>P.O. BOX 43</u> <u>Duncan, MS. 38740</u> <small>City State Zip Code</small> Telephone No. <u>(662) 902-3717</u>	Latitude: <u>34° 06.03.1</u> Longitude: <u>90° 46.23.0</u> Method of Lat/Long (check one): Conventional Survey <u>03</u> USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____ <u>NW ¼ NW ¼ Sec 25 T 26N R 5W</u> Distance Direction Nearest Town <u>3</u> Miles <u>NE</u> of <u>ALLIGATOR</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible Bucket Piston <u>Turbine</u> Centrifugal Rotary Flowing Well Other (specify): _____ Date Pump Installed: <u>8-17-07</u> Rated Pump Capacity: <u>2300</u> Gallons Per Minute	<u>Diesel Engine</u> Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO Windmill Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>80'</u> feet Number of Stages: <u>2-12"</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): <u>38'</u> Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B)-(A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line Electric Measuring Line <u>Steel Tape</u> Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Peacock's Pump & Repair Inc. 0-7289 Tommy Peacock Jr.
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

SEP 24 2007
 BY OLWR

650,000 m

660,000 m

670,000 m

90° 50'

90° 45'

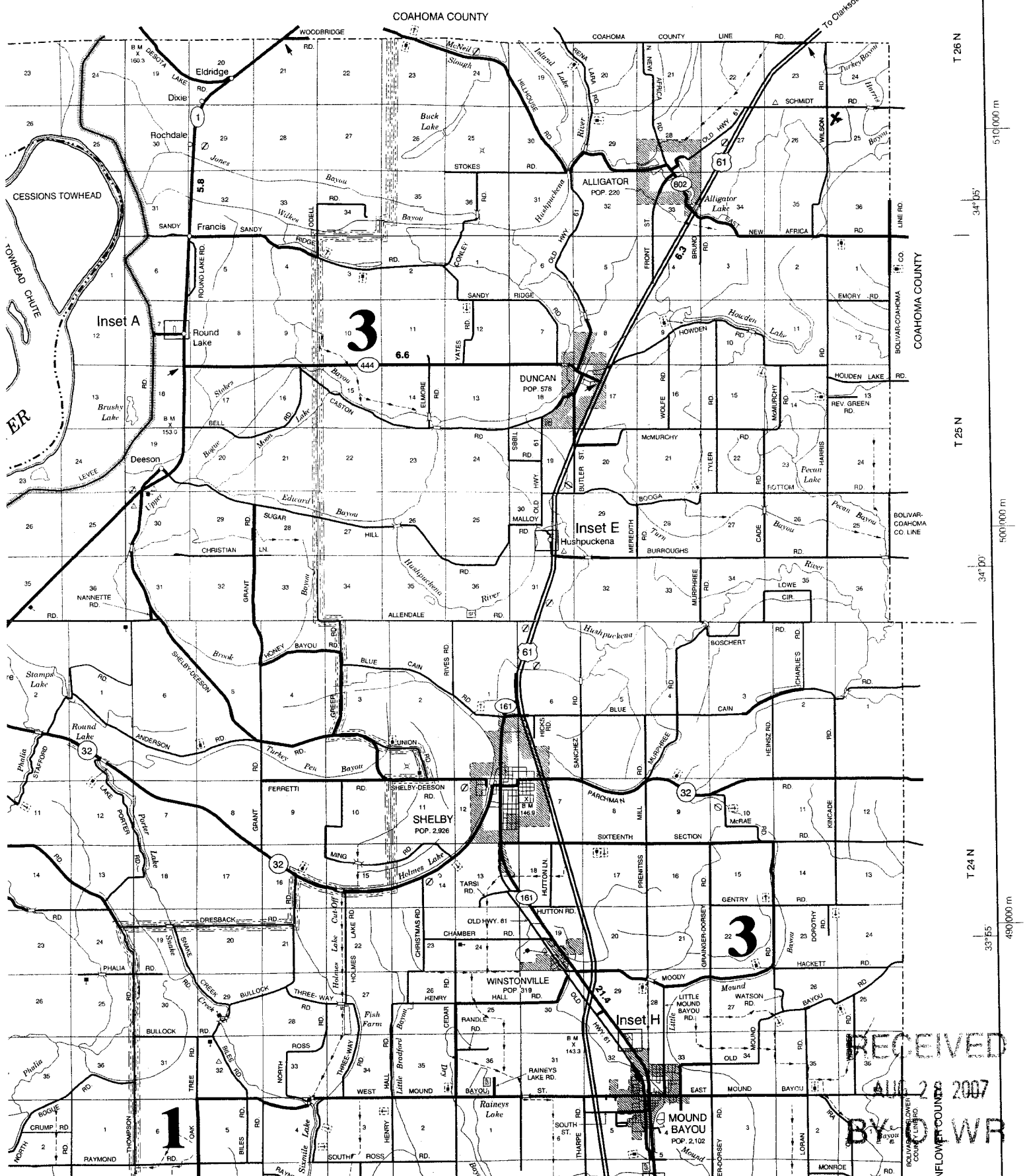
90° 40'

Marshall Fullilove Map B-167

GW42070

R6W

R5W



T 26 N

T 25 N

T 24 N

T 23 N

T 22 N

T 21 N

T 20 N

T 19 N

510,000 m

34° 05'

500,000 m

34° 00'

490,000 m

33° 55'

RECEIVED
 AUG 2 2007
 BY CWR
 UNFLOWER COUNTY