

# State Well Report

## Part 1 - Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225  
(601)961-5210  
(601)961-5228 (fax)

County: Bolivar  
Permit #: MS-GW-44835  
Driller: Tommy Raccock Sr  
Date drilling completed: 6-28-11

For Office Use Only:  
Aquifer: A 133  
Well #: B185  
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.

<b>Information on Well Owner</b> (Landowner if borehole is not for a water well) Owner Name: <u>Smith Planting Co.</u> Mailing Address: <u>P.O. Box 127</u> <u>Alligator MS 38720</u> City State Zip Code Telephone No. <u>(662) 902-7869</u>	<b>Well or Borehole Location</b> Latitude: <u>34° 04' 50"</u> Longitude: <u>90° 49' 57"</u> Method of Lat/Long (circle one): Conventional Survey, <u>42 18</u> USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS <u>NE</u> 1/4 <u>SW</u> 1/4 Sec <u>34</u> Twn <u>26N</u> Rng <u>05W</u> Distance Direction Nearest Town <u>1/2</u> Miles <u>East</u> of <u>Duncan</u>
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**Well / Borehole Data**  
Date drilling started: 6-28-11 Date drilling completed: 6-28-11 Hole depth: 112' Hole diameter: 28"  
Location of the source of any surface water used for drilling: Pond close to well.  
Method of dosing and volume of Chlorine used in drilling and development: poured in a tank is filling up.  
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: 42 feet above or (below) (circle one) land surface Date measured: 6-29-11  
Method of Measurement (circle one) (steel tape) electric tape air line other: \_\_\_\_\_  
Well depth: 112' Well grouted to a depth of \_\_\_\_\_ feet Type of grout (circle one): Neat Cement (Bentonite) Mix  
Casing length: 72 feet Casing diameter: 16 inches Type of casing: PVC  
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC  
Screen slot size: .035 inches Setting depth: From 72 feet to 112 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 next page

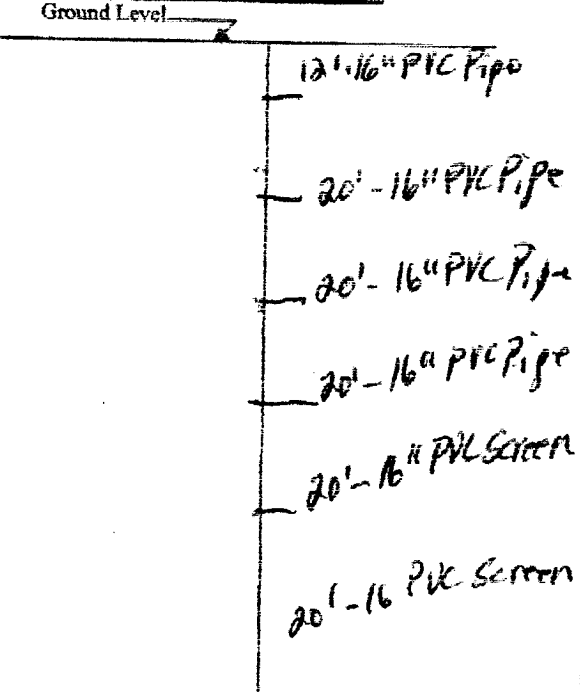
Form: OLWR-SWR-1A (04/08)

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The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations.

If well telescopes, show depths on sketch



Description of Formations Encountered	From (depth)	To (depth)
Top Soil	Ground Level	16'
Fine sand	16'	30'
Clay	30'	42'
Med. sand	42'	62'
clay	62'	70'
coarse sand & gravel	70'	112'

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) a north arrow.

Landowner Name: Smith Planting Co.

Form: OLWR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Tommy Peacock SR UWR-3409 7-24-11  
 Print Name of Responsible Licensee and License No. Date

Tommy Peacock  
 Signature of Licensee

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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) 934-6938 (fax)

For Office Use Only:

Applicator: \_\_\_\_\_  
Well #: B185  
Elevation: \_\_\_\_\_

County: Bolivar  
Permit #: MS-GW-44835  
Driller: Tommy Peacock Sr  
Date completed: 6-29-11  
Case 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

Owner Name: Smith Planting Co.  
Mailing Address: P.O. Box 127  
Alligator MS 38720  
City State Zip Code  
Telephone No. 662 902-7869

### Well Location

Latitude: N34° 04' 50" Longitude: W90° 49' 15"  
SU 42 18  
Method of Lat/Long (check one): Conventional Survey \_\_\_\_\_  
UBOS quad (Hand-held GPS) Survey-grade GPS \_\_\_\_\_  
NE 1/4 SW 1/4 Sec. 34 T26N R 05W  
Distance Direction Nearest Town  
1/2 Miles East of Alligator

### Pump Type Circle one

Air Lift  Jet  Submersible   
Basket  Piston  Turbine   
Centrifugal  Rotary  Flowing Well   
Other (specify): \_\_\_\_\_  
Date Pump Installed: 6-29-11  
Rated Pump Capacity: 2500 Gallons Per Minute

### Power Type Circle one

Diesel Engine  Gasoline Engine  Natural Gas   
Electric Motor  Hand  Tractor PTO   
Windmill  Other (specify): \_\_\_\_\_  
Horse Power Rating of Motor: 40  
Setting Depth: 80' feet  
Number of Stages: 2-12"

### Pump Test Data

Date Well Tested: \_\_\_\_\_  
Static Water Level (A): 42 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

### Method of Measuring Water Level Circle one

Air Line  Electric Measuring Line  Steel Tape   
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 WNR-3409  
Print Name of Pump Installer and License No. (if applicable)

Tommy Peacock Sr  
Signature of Pump Installer

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