

# STATE WELL REPORT

## Part I

### Driller's Log

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225-2309  
(601)961-5210  
(601)360-0535 (fax)

### For Office Use Only:

Well #: B 201  
Applicator: \_\_\_\_\_  
E-Log #: \_\_\_\_\_

County: Bolivar  
Permit #: GW-48400  
Driller: Tommy Perceck  
Date drilling completed: 9/27/14

*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.*

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Brushy Lake Farms</u>	Latitude: <u>34° 3' 57"</u> Longitude: <u>90° 45' 15"</u>
Mailing Address: <u>7 Cypress Ridge Drive</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Clarksdale</u> MS <u>38614</u>	USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 SW 1/4, Sec 04 T 25N R 05W</u>
Telephone No. <u>(662) 902-7063</u>	<u>7</u> Miles <u>south</u> of <u>Alligator</u>
	(Distance) (Direction) (Nearest Town)

### Well / Borehole Data

Date drilling started: 9/27/14 Date drilling completed: 9/27/14 Hole depth: 115' Hole diameter: 26"  
 Location of the source of any surface water used for drilling: Ditch 3 miles East of well site  
 Method of dosing and volume of Chlorine used in drilling and development: Chlorinated in tank  
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
 Name of organization running log(s): \_\_\_\_\_  
 Purpose of borehole (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture  
 Other (describe): \_\_\_\_\_  
 If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: \_\_\_\_\_ feet (above or below) land surface Date measured: \_\_\_\_\_  
 (circle one)  
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): \_\_\_\_\_  
 Well depth: 115' Well grouted to a depth of: 10 feet Type of grout (circle one): Heat Cement Bentonite Mbr  
 Casing length: 75 feet Casing diameter: 16 inches Type of casing: PVC  
 Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC  
 Screen slot size: .032 inches Setting depth: From 75 feet to 115 feet  
 Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development  
 Other (describe): \_\_\_\_\_  
 Top of tap pipe or reduction in casing: \_\_\_\_\_ feet

*If telescoped or more than one screen, describe on next page*

County: Bolivar  
 Permit #: GW-48400

**For Office Use Only:**  
 well #: B 201

The sketch below only required for water wells

If well intersects, show depths on sketch

Ground Level  $\rightarrow$

Top soil & clay	15
Sand/clay mix	10
coarse sand	40
& gravel	20
coarse sand	10
gravel	20

If more than one screen, show location of each on sketch

Description of Formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulation

Description of Formations Encountered	From (depth)	To (depth)
Top soil & clay	Ground level	15
sand/clay mix	15	25
coarse sand	25	65
coarse & gravel	65	85
coarse sand	85	95
gravel	95	115

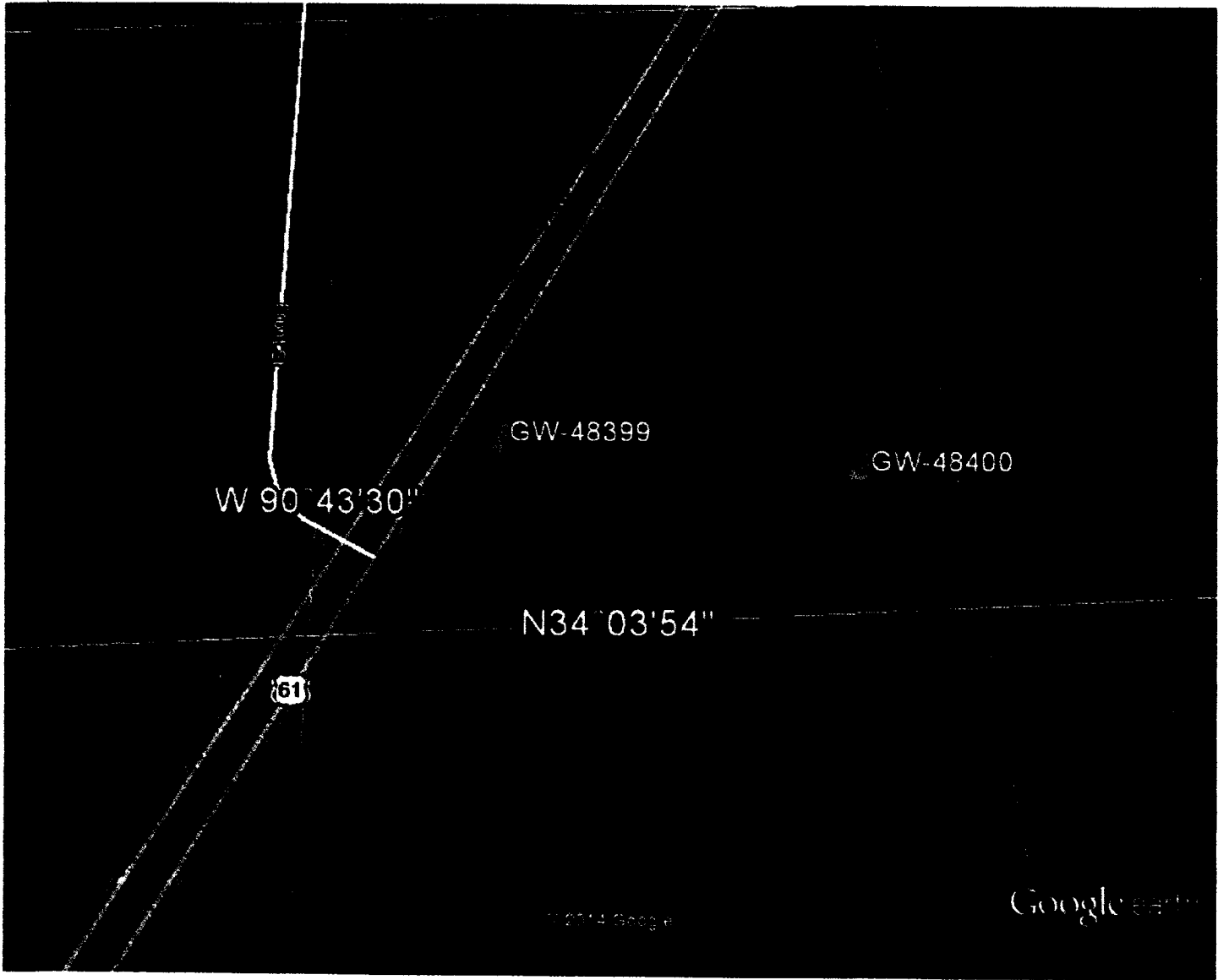
Sketch the property layout and include the following:

- 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) north arrow

Landowner Name: \_\_\_\_\_

I HEREBY 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 Lic # 3409      9/29/14      *Tommy Peacock*  
 Print Name of Responsible Licensee and License No.      Date      Signature of Licensee



Google earth



# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 2309  
Jackson, MS 39225-2309  
(601)961-5210  
(601) 360-0535 (fax)

For Office Use Only:

Well #: \_\_\_\_\_

Aquifer: \_\_\_\_\_

BOLTUAR  
Well #: GW-48400  
Owner: Tommy Peacock  
Date completed: 9-27-14  
Copy 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	Well Location
Owner Name: <u>BASS FARMS</u>	Latitude: <u>34° 3.57.7"</u> Longitude: <u>90° 43.15"</u>
Mailing Address: <u>7 CYPRESS RIDGE DR</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>CLARFSDALE</u> <u>MS</u> <u>38844</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 SW 1/4, Sec 04 T. 25N R. 05W</u>
Telephone No. <u>(602) 627-7827</u>	<u>1 3/4</u> Miles <u>S</u> of <u>ALLIGATOR</u>
	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**  
Submersible  Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_  
Date Pump Installed: 9-30-14 Rated Pump Capacity: 2200 Gallons Per Minute  
Is This Pump (circle one): New  Repaired Replacement

**Power Type (circle one)**  
Electric  Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): \_\_\_\_\_  
Horse Power Rating of Motor: 100 Setting Depth: 70 feet Number of Stages: 2

**Pump Test Data for Non Flowing Well**  
Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours  
Static Water Level (A): \_\_\_\_\_ 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  
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): \_\_\_\_\_

**Pump Test Data for Flowing Well**  
Measured shut in head: \_\_\_\_\_ feet.  
Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

**Meter Installation**  
Meter Manufacturer: McCrometer Meter Serial Number: 14-13326  
Meter Model Number/Name: M0308 Type of Meter: GROUND WATER  
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_  
Installation Date: 10-1-14 Meter installed by: LITTLE S IRRIGATION  
Is This Meter (circle one):  New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
DAVID P. HOLT 0-752P 10-14-14 [Signature]  
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

RECEIVED  
OCT 20 2014  
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