

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)

For Office Use Only:

Aquifer: E 192
Well #:
L. S. Elevation:
E-log #:

County: Bolivar
Permit #: GW 45323
Driller:
Date drilling completed: 7-5-11

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.

Information on Well Owner (Landowner if borehole is not for a water well)
Owner Name: Charles C. Heinz
Mailing Address: 1487 Blue Cein Rd, Shelby MS 38774
Telephone No. 662 709-7218
Well or Borehole Location
Latitude: 33.58.45 Longitude: 90.41.50
Method of Lat/Long: Conventional Survey
USGS quad: Hand-held GPS
SE 1/4 NE 1/4 Sec 03 Twn 24N Rng 05W
Distance 3 Miles Direction NE of Nearest Town Shelby

Well / Borehole Data
Date drilling started: 7-5-11 Date drilling completed: 7-5-11 Hole depth: 100' Hole diameter: 28"
Location of the source of any surface water used for drilling: Existing Well
Method of dosing and volume of Chlorine used in drilling and development: Added as water was needed.
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 [checked] 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 [checked] Fish Culture Other:
If a flowing well, method of flow regulation: Valve Other (describe)
Static Water Level: 100' feet above or below (circle one) land surface Date measured: 7-6-11
Method of Measurement (circle one) steel tape electric tape air line other:
Well depth: 100' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 60 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 60 feet to 100 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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# STATE WELL REPORT

County: Bolivar  
 Permit #: MS-GW 45323  
 Driller: Tommy Peacock Sr  
 Date completed: 7-5-11  
 Case information from Part 1

**Part 2**  
 Pump Installer's Completion Report  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39209-0631  
 (601) 961-5210  
 (601) 934-0998 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: E192  
 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>Charles C. Heinz</u>	Latitude: <u>N37° 58.450</u> Longitude: <u>W90° 41.845</u>
Mailing Address: <u>1487 Blue Cain Rd.</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey <input checked="" type="checkbox"/> <sup>27</sup> <sub>50</sub>
<u>Shelby</u> <u>MS</u> <u>38774</u> City State Zip Code	USGS quad <u>SE 1/4 NE 1/4 Sec 03 T24N R 05W</u> <input type="checkbox"/> Standard GPS <input checked="" type="checkbox"/> Survey-grade GPS
Telephone No. <u>(662) 719-7218</u>	Distance Direction Nearest Town <u>3</u> Miles <u>NE</u> of <u>Shelby</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Reciprocating <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Turbine</u>	<input checked="" type="checkbox"/> <u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Motor Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>7-6-11</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>1-14"</u>

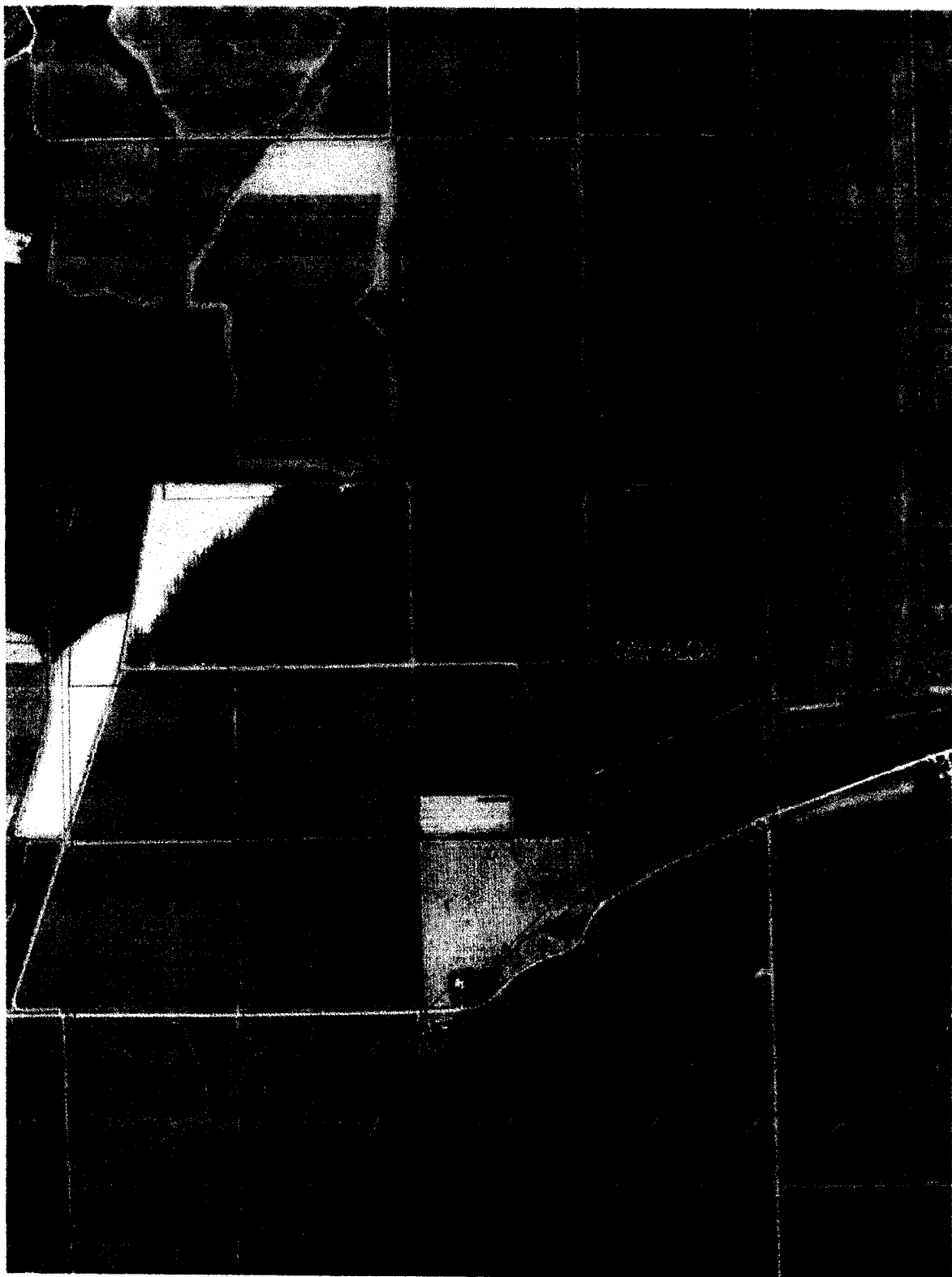
Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>42</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured static 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 #UNR3409 Tommy Peacock  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 Form: OLWR-GWR-1B  
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