

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 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: E 203
Aquifer: _____
E-Log #: _____

County: ~~Scott~~ Bolivar
Permit #: GW-47291 ✓
Driller: Tommy Peacock
Date drilling completed: 7/12/13

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 <small>(Landowner if borehole is not for a water well)</small> | Well or Borehole Location |
|--|---|
| Owner Name: <u>Gerald Finn</u> | Latitude: <u>33-58-02</u> Longitude: <u>90-44-58</u> |
| Mailing Address: <u>P.O. Box 5276</u> | Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____ |
| <u>Grenbury</u> City <u>TX</u> State <u>76049</u> Zip Code | <u>NE 1/4 SE 1/4, Sec 06 T 24N R 05W</u> <u>12</u> Miles _____ of _____ (Distance) (Direction) (Nearest Town) |
| Telephone No. (____) _____ | |

Well / Borehole Data

Date drilling started: 7/12/13 Date drilling completed: 7/12/13 Hole depth: 120 Hole diameter: 26"
Location of the source of any surface water used for drilling: Ditch 2 miles West 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: 42 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: 120 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement (Bentonite) Mix
Casing length: 80 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 80 feet to 120 feet
Type of completion (circle all applicable): (Gravel packed) Underreamed 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

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County: Bolivar
 Permit #: BW-47291

For Office Use Only:
 Well #: E203

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level →

| | |
|----------------------|-----|
| Top soil | 15' |
| med sand & clay | 20' |
| Fine sand | 20' |
| sand | 10' |
| Gravel & med sand | 15' |
| coarse sand & gravel | 40' |

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 regulations

| Description of Formations Encountered | From (depth) | To (depth) |
|---------------------------------------|--------------|------------|
| Top soil | Ground level | 15 |
| med sand & clay | 15 | 35 |
| Fine sand | 35 | 55 |
| med sand | 55 | 65 |
| gravel & med sand | 65 | 80 |
| coarse sand & gravel | 80 | 120 |
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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

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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 Peauxk Lic # 3404 8/6/13
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

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)

County: Boliver
 Permit #: GW-47291
 Driller: Tommy Penock
 Date completed: 7/13/13
Copy information from block on Part 1

For Office Use Only:

Well #: E203
 Aquifer: _____

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>Gerald Finn</u> | Latitude: <u>33-58-02</u> Longitude: <u>90-44-58</u> |
| Mailing Address: <u>P.O. Box 5276</u> | Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| <u>Granbury</u> TX <u>76049</u> | <u>NE 1/4 SE 1/4, Sec 06 T 24N R 05W</u> |
| City State Zip Code | <u> </u> Miles of <u> </u> (Distance) (Direction) (Nearest Town) |
| Telephone No. () _____ | |

Pump Type (circle one)

Submersible Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 7/13/13 Rated Pump Capacity: 2800 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: 60 Setting Depth: 20 feet Number of Stages: 1-14"

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

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

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: _____ Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: _____

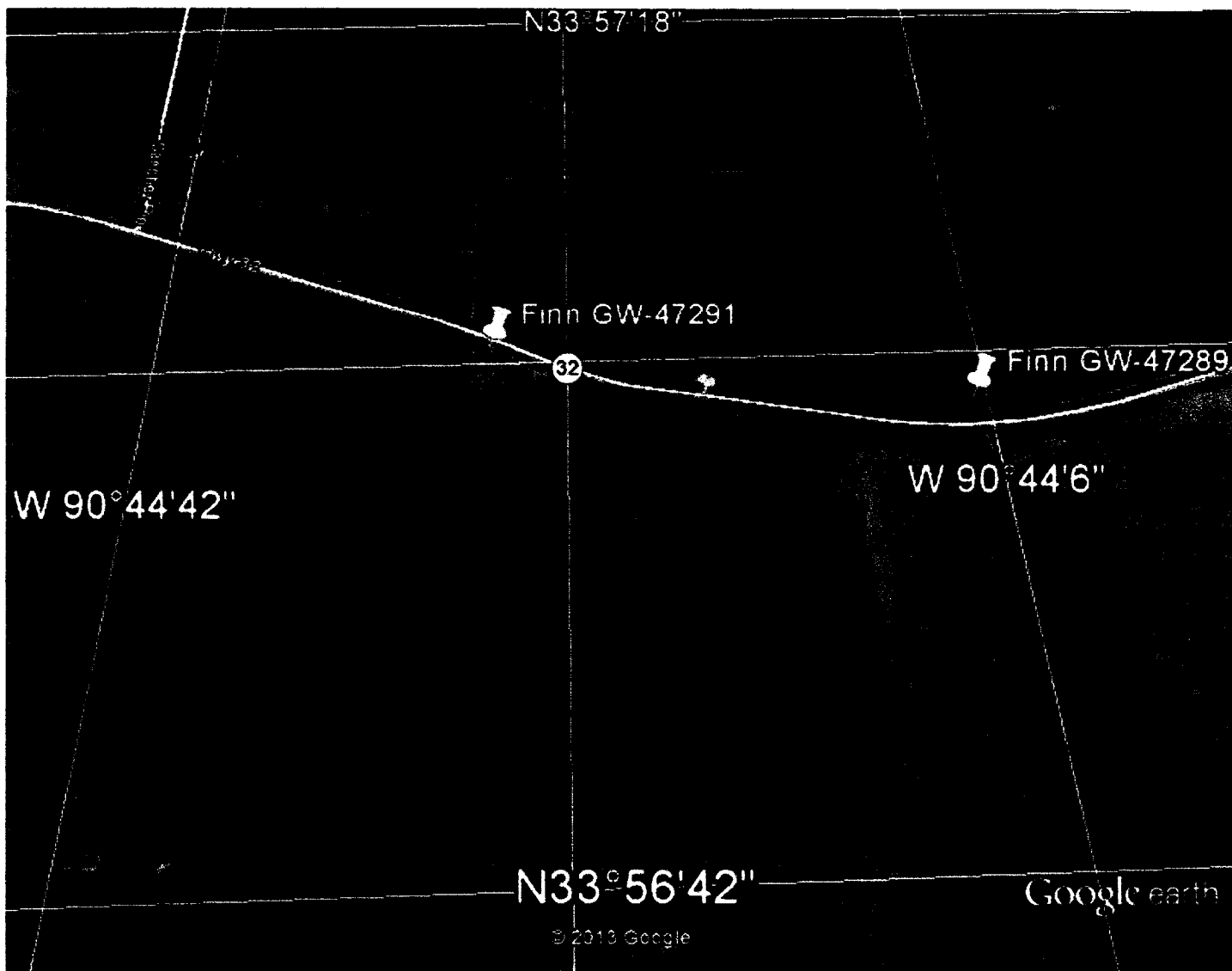
Is This Meter (circle one): New Repaired Replacement

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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.

Tommy Penock Lic # -3404 8/6/13
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer



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