

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:
Well #: F-224
L. S. Elevation:
E-log #:

County: Bolivar
Permit #: GW38617
Irrigation Equipment
Driller:
Date drilling completed: 8-9-07

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: Jerry Evans, RT1 Box 197A, Rosedale Ms. 38769
Well Location: Latitude 33.51521, Longitude 90.52188, Method of Lat/Long: Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, SW 1/4 SE 1/4 Sec 1, Twn 23N Rng 7W, Distance 8 Miles, Direction W, Nearest Town Merigold

Well Data: Purpose of Well: Irrigation, Date well drilling started: 8-9-07, Date well drilling completed: 8-9-07, Static Water Level: 35 feet below land surface, Date measured: 8-9-07, Hole depth: 127, Well depth: 127, Well grouted to a depth of 10 feet, Type of grout: Bentonite, Casing length: 87 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 88 feet to 127 feet, Type of completion: Gravel packed

Name of organization running log(s): Irrigation Equipment Inc.
Patrick M. Chism 0695
Signature of Water Well Contractor: Patrick M. Chism

Tommy Peacock contracted with us to drill well. He will set pump.
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)

For Office Use Only:

Aquifer: _____

Well #: F-224

Elevation: _____

County: Bolivar
 Permit #: _____
 Driller: _____
 Date completed: 8-10-07
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>Jerry Evans</u>	Latitude: <u>33° 51' 52.1</u> Longitude: <u>90° 52' 18.8</u>
Mailing Address: <u>ATI Box 1974</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>ROSEDALE, MS. 38749</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 SE 1/4 Sec 1 T23N R 7W</u>
Telephone No. <u>662, 458-9715</u>	Distance Direction Nearest Town
	<u>8</u> Miles <u>W</u> of <u>Merigold</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>8-10-07</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>1400</u> Gallons Per Minute	Number of Stages: <u>1-8"</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>381</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
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. 0-728P Tommy Peacock Jr.
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

RECEIVED
 AUG 19 2007
 BY OLWR

