County: Bolivar
Permit #: GW43095
Driller: Irrigation Equipment
Date drilling completed: 3/20/09

State Well Report
Part 1

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-233
L. S. Elevation:
E-log #:

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

Owner Name: Mac Elliott
Mailing Address: P.O. Box 5199
Jackson Ms. 39296
City State Zip Code
Telephone No. ( )

Well Location

Latitude: 33 50 07" Longitude: 90 54 57"
Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
SE ¼ SW ¼ Sec 15 Twn 23N Rng 7W
Distance 4 Miles Direction NW of Nearest Town Pace

Well Data

Purpose of Well (circle one) Home Industrial Public Supply (Irrigation) Fish Culture Other:
Date well drilling started: 3/20/09 Date well drilling completed: 3/20/09
If flowing, method of flow regulation: Valve Other (describe)
Static Water Level: feet above or (below) (circle one) land surface Date measured:
Method of Measurement (circle one) (steel tape) electric tape air line other:
Hole depth: 127 Well depth: 127 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement (Bentonite) Mix
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 (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 back of page
Logs run (circle all applicable): (No log run) Electric Gamma Ray Density Sonic Neutron Other:
Name of organization running log(s):

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

Irrigation Equipment Inc.
John P. Chism 0439
Print Name of Water Well Contractor and License No.

John P Chism
Signature of Water Well Contractor

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

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MAR 27 2009
BY: OLWR

F-233

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	22
Fine Sand	23	38
Fine Sand & Gravel	39	54
Medium Sand	55	82
Medium Sand & Gravel	83	127

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) indicate direction.

Landowner Name: Mac Elliott

John P Chum

Signature of Water Well Contractor

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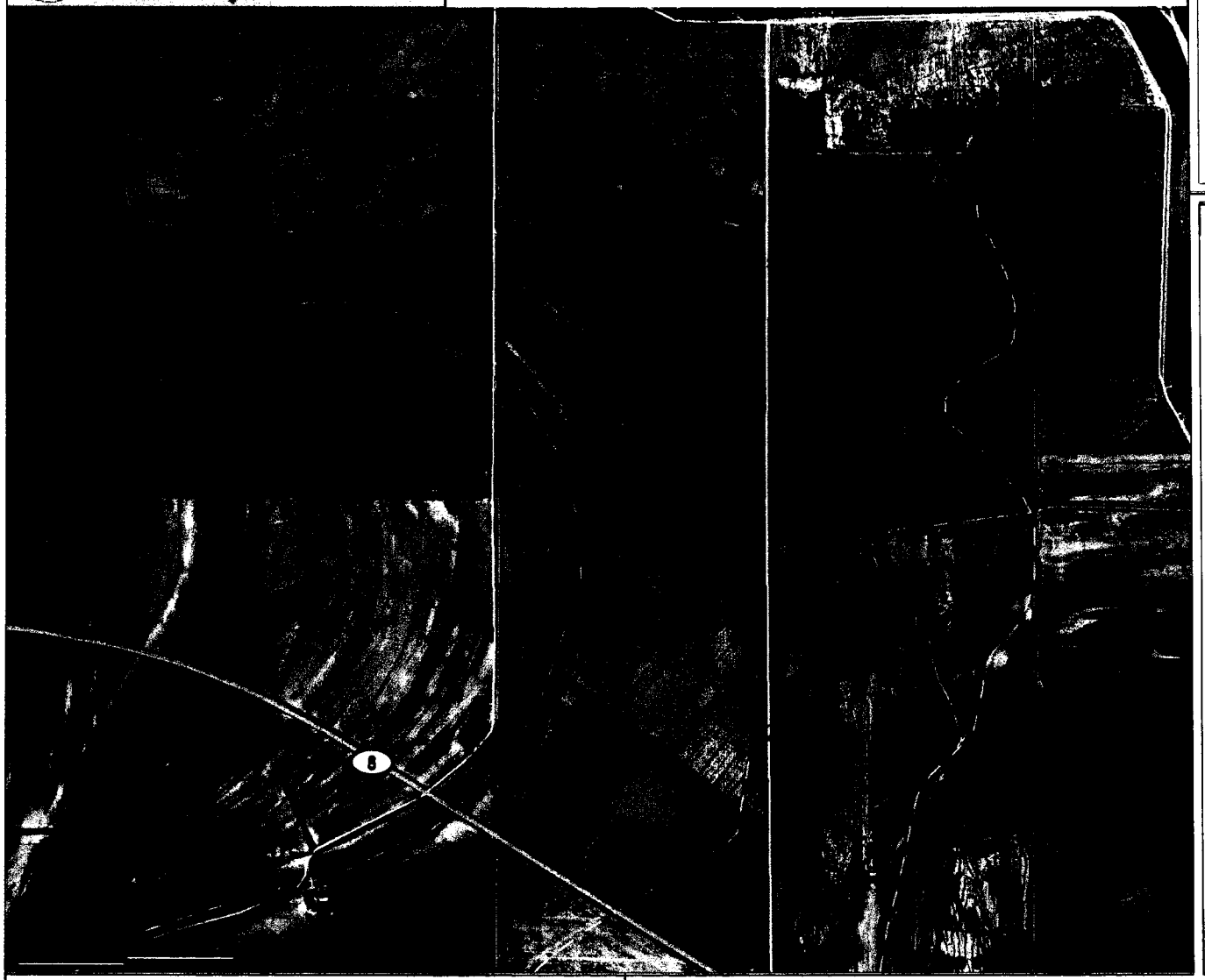
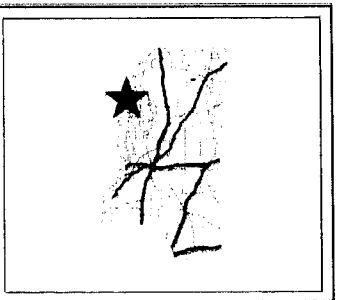
MAR 27 2009
BY: OLWR

F-233

MARIS
Online Maps

Mac Elliott





Legend

- County Boundary
- Public Land Survey System
- Interstate Highway
- Natchez Trace Parkway
- US / State Highway
- US Highway
- State Highway
- 3-digit State Highway
- City Street
- County Road
- Major River
- Perennial Stream
- Intermittent Stream
- Water Body (all water bodies)
- Islands
- Inundated areas
- Marsh or swamp
- Water
- Water
- Water
- Mississippi River
- Incorporated Cities
- Aerial Photo (Quadrangle)

Scale: 1:17,836

This map is a user generated static output from an Internet mapping site and is for general reference only. Data layers that appear on this map may or may not be accurate, current, or otherwise reliable. THIS MAP IS NOT TO BE USED FOR NAVIGATION.

MARIS Online Maps

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)

County: Bolivar
Permit #: GW43095
Driller:
Date completed: 3-30-09
Copy information from block on Part 1

For Office Use Only:
Aquifer:
Well #: F-233
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

Owner Name: Mac Elliott
Mailing Address: P.O. Box 5199

Jackson MS 39296
City State Zip Code

Telephone No. (601) 832-1890

Well Location

Latitude: N 32° 30.112 Longitude: W 90° 54.992
Method of Lat/Long (check one): Conventional Survey 59 ✓, USGS quad___, Hand-held GPS___, Survey-grade GPS___
SE ¼ SW ¼ Sec 15 T 23N R 7W

Distance	Direction	Nearest Town
4 Miles	NW	of Pace

Pump Type
Circle one

Air Lift, Jet, (Submersible), Bucket, Piston, Turbine, Centrifugal, Rotary, Flowing Well
Other (specify):
Date Pump Installed: 3-30-09
Rated Pump Capacity: 1800 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: 801' feet
Number of Stages: 1-10"

Pump Test Data

Date Well Tested:
Static Water Level (A): 37' 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 0-7289 — Print Name of Pump Installer and License No. (if applicable)
Tommy Peacock Sr. — Signature of Pump Installer

Form: OLWR-SWR-1B

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