

# 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)

County: Bolivar  
Permit #: \_\_\_\_\_  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 5-15-07

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: C26L  
L. S. Elevation: F 267  
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.

<b>Well Owner Information</b> Owner Name: <u>James Robertson</u> Mailing Address: <u>Box 236</u> <u>Rosedale MS 38769</u> City State Zip Code Telephone No. ( ) _____	<b>Well Location</b> 33 52 41.3 91 01 36.4 Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>SW</u> 1/4 <u>NE</u> 1/4 Sec <u>33</u> Twn <u>24N</u> Rng <u>8W</u> ✓ <u>NE</u> 4 23N Distance Direction Nearest Town <u>3</u> Miles <u>North</u> of <u>Rosedale</u>
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**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other Replacement

Date well drilling started: 5-15-07 Date well drilling completed: 5-15-07

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 15' feet above or below (circle one) land surface Date measured: 5-15-07

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Hole depth: 107 Well depth: 107 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 67 feet Casing diameter: 16 inches Type of casing: PVC SCH40

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC SCH40

Screen slot size: .050 inches Setting depth: From 61 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 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.  
Patrick M. Chism 0695

Print Name of Water Well Contractor and License No. \_\_\_\_\_ Signature of Water Well Contractor \_\_\_\_\_

Owner contracted with Peacock Pump & Repair.  
Peacock Pump & Repair will install pump.

Replacement for 2010366

If well telescopes please sketch below and show depths.

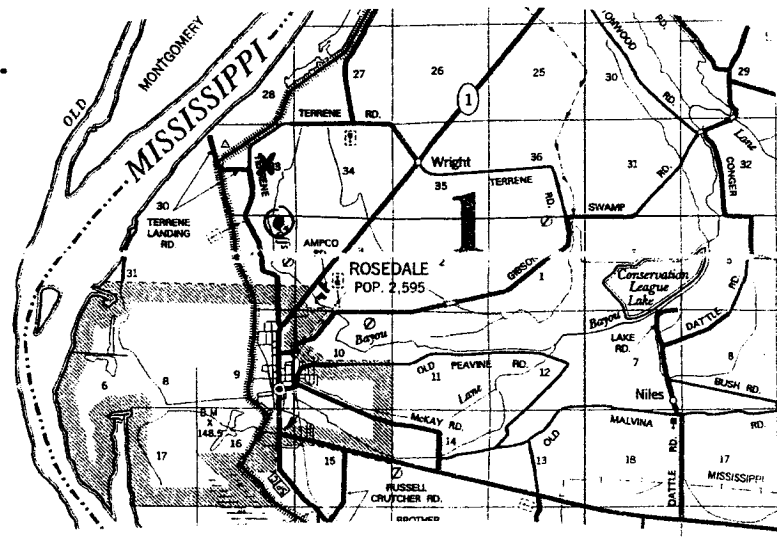
Ground Level

Description of Formations Encountered	From	To
Clay	0	15
Fine Sand	16	25
Fine Sand/gravel	26	49
Med. Sand/gravel	50	100
Fine Sand	101	107

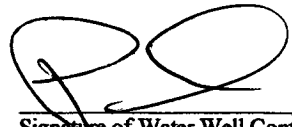
If more than one screen, show location of each on sketch

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.

Old well 12' south.



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



Signature of Water Well Contractor

# 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 #: \_\_\_\_\_  
 Driller: \_\_\_\_\_  
 Date completed: 5-22-07  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: C#61  
 Elevation: F267

*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>James Robertson</u>	Latitude: <u>33 52 41.3</u> Longitude: <u>91. 01, 36, 4</u>
Mailing Address: <u>P.O. Box 236</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/> <u>41</u>
<u>Rosedale, MS 38764</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>SW 1/4 NE 1/4 Sec 33 T24N R 8W</u>
Telephone No. <u>(662) 759-6784</u>	Distance Direction Nearest Town <u>3 Miles N of Rosedale</u>

Pump Type Circle one	Power Type Circle one
Air Lift                      Jet                      Submersible	<u>Diesel Engine</u> Gasoline Engine                      Natural Gas
Bucket                      Piston <u>Turbine</u>	Electric Motor                      Hand                      Tractor PTO
Centrifugal                      Rotary                      Flowing Well	Windmill                      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>5-22-07</u>	Setting Depth: <u>60'</u> feet
Rated Pump Capacity: <u>2600</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                      Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>15'</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 _____ 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 0-728P                      Tommy Peacock Sr.  
 Print Name of Pump Installer and License No. (if applicable)                      Signature of Pump Installer

*Pump moved into new 16" well.*

**RECEIVED**  
 JUN 27 2007  
 BY: OLWF