

# 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 #: G-212  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Bolivar  
 Permit #: GW 40462  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date drilling completed: 6-20-05

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	Well Location
Owner Name: <u>Bolivar County School Board</u> Mailing Address: <u>c/o Fioranelli Brothers</u> <u>2914 Hwy. 8</u> <u>Cleveland, MS 38732</u> City State Zip Code Telephone No. <u>(662) 843-9488</u>	Latitude: <u>33° 50' 16"</u> Longitude: <u>90° 49' 48"</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> , <u>USGS quad, Hand-held GPS, Survey-grade GPS</u> <u>SE</u> 1/4 <u>SW</u> 1/4 Sec <u>16</u> Twn <u>23N</u> Rng <u>6W</u> Distance Direction Nearest Town <u>5W</u> <u>6</u> Miles <u>West</u> of <u>Merigold</u>

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 6-20-05 Date well drilling completed: 6-20-05

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

Static Water Level: 42' 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 Sch. 40

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

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.  
Patrick M. Chism 0695

Patrick M Chism  
 Signature of Water Well Contractor

Print Name of Water Well Contractor and License No.

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

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If well telescopes please sketch below and show depths.

G-212

Ground Level

Description of Formations Encountered	From	To
Clay	0	15
Fine Sand	16	55
Med. Sand/gravel	56	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: \_\_\_\_\_

*Patrick M. Chin*  
 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 #: GW 40462  
 Driller: \_\_\_\_\_  
 Date completed: 6-20-05

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: G-212  
 Elevation: \_\_\_\_\_

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Bolivar County School Board</u> Mailing Address: <u>c/o Fioranelli Brothers</u> <u>P.O. Box 1596</u> <u>Cleveland MS 38732</u> City State Zip Code Telephone No. <u>(662) 843-9489</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): <u>Conventional Survey</u> , USGS quad, Hand-held GPS, Survey-grade GPS <u>SE 1/4 SW 1/4 Sec 16 Twn 23 Rng 6W</u> Distance Direction Nearest Town <u>3 Miles NE of Pace</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet      Submersible Bucket      Piston <u>Turbine</u> Centrifugal      Rotary      Flowing Well Other (specify): _____ Date Pump Installed: <u>6-21-05</u> Rated Pump Capacity: <u>2800</u> Gallons Per Minute	<u>Diesel Engine</u> Gasoline Engine      Natural Gas Electric Motor      Hand      Tractor PTO Windmill      Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>70</u> feet Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): <u>42'</u> 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	Air Line      Electric Measuring Line <u>Steel Tape</u> 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      Tommy Peacock Jr.  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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