County:	Boliva	r
Permit#: Irri Driller:	GW4 gation	1)75 Equipment
Date dril	ling completed:	4-23-07

## **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-225				
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.

30 days of completion of drilling of the well.						
Well Owner Information	33 48— Well Location 49 55					
	atitude: 33°49' 14" Longitude: 41,6"					
Mailing Address: Hiter Road M	fethod of Lat/Long (circle one): Conventional Survey,					
	USGS quad, Hand-held GPS, Survey-grade GPS					
	NW, NW 1/2 Sec 28 Twn 23N Rng 6W					
Merigold MS 38759	1/4 Sec Twn Rng Wn					
	Sistance Direction Nearest Town  Miles NE of Pace					
	Miles NE of Pace					
Telephone No. ()						
Well Dat	2					
Purpose of Well (circle one) Home Industrial Public Supply	rigation Fish Culture Other:					
Date well drilling started: 4-23-07 Date well	drilling completed: $4-23-07$					
If flowing, method of flow regulation: Valve Other (described)	ribe)					
Static Water Level: 40' feet above or below (circle one) land	1 surface Date measured: $4-23-07$					
Method of Measurement (circle one) steel tape electric tape	air line other:					
Hole depth: 117 Well depth: 117	Well grouted to a depth offeet					
Type of grout (circle one): Cement Kentonite Mix						
Casing length: 80 feet Casing diameter: 10 in	nches Type of casing: PVC160					
Screen length: 37 feet Screen diameter: 10 i	nches Type of screen: PVC160					
Screen slot size: . 050 inches Setting depth: From	See Backfeet tofeet					
Type of completion (circle all applicable): Gravet packed Underreas	med 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.	MILETEL OF TEACHER TOPOLOGICAL STREET STREET TO A STRE					
Patrick M. Chism 0695	Vatil MCO					
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.

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If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clav	0	17
Brown Sand	18	27
Fine Sand	28	62
Coarse Sand/gravel	63	8.7
Coarse Sand	88	93
Fine Sand	1,94	
Coarse Sand/gravel	1101	114
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74.00		
Screen 74-93 Screen 101-117	<del> </del>	$\vdash$
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If more than one screen, show location of each on sketch

Sketch the property layout and in aid in locating the 4) indicate direction	clude the following: 1) the well location; 2) any permanent structures on the property that may well; 3) any roads, power lines, or other items that may aid in locating the property and the well; n.
	14   15   16   17   16   18   15   16   17   16   18   15   18   17   16   18   17   16   18   17   16   18   17   16   18   17   16   18   17   16   18   18   18   18   18   18   18
Landowner Name:	lot/long. here

Signature of Water Well Contractor

SIANE WELL REPORT					
County: Bolivar		art Z	For Office Use Only:		
Permit 9:	Maskerpi Depriones	Corapidica Report to Environmental Quality	Aquiler:		
Pends: Irrigation Equipment Daller		and Water Resources Box 10631	Well#: 6-225		
Date completed: 4-25-07	Jacksen,	6S 39289-0G31	1 -		
Comp information from He ch our Part 1		961-5210 4-6938 (Sax)	Davis'on:		
This part of the report must be completed i	ly a liceus of water well .	oosander av alicemet sump i	establer. A copy of Pent I of the		
report worst be attached and body parts file	with the Department of	t the above a livess within "O &	ys of well commeten.		
Well Owner Informati	_		Lougitain. 90 49 41 6		
Owner Name: William Horn	$\mathcal{D}_{\ell}$	Latitude 70 02 7	Longitani.		
Mailing Address: 449 Hiter	Ra,	Minthest of Lat/Long (check-nee). Conventional Servey			
		US/3/5 quart Hand-held	GPS, Survey goade GPS		
MERIGOLD MS.	38759	NW & NWy Su 2	NW 4 NW4 Son 28 123NR 6W		
City State	Lip Code	]″			
		ľ	Distance Direction Nearest Town  3 Miles NE of PACE		
Telephone No. ()		2 Males // /- 0	PICE		
Fitting Type Chaic one		i e	wer Type irde one		
Aîr Liù lei	Submersible	Diesel Engise Gasolin	ne Engine Natural Gas		
Bucket Pisma	Turbine	Electric Motor Hand	Total MO		
Contribute Rotary	Flowing Well		(spx fy):		
Other (specify):		Borse Power Rating of Motor			
Date Pump Installed: 4-25-0	7	Setting Der da:	foot		
	Galions Per Minute	Number of Stages: 1-811			
	Canoni jej ivilitat	Mumor of Seser			
Panny Test Data		Method of Me	assering Water Level		
Date Well Tested;			Sircle one		
	<u> </u>	Air Line Electric Me	estring Line Steel Tape		
Static Water Level (A): 40 Feet 1	Below Land Surface	Other (specify):			
Panaping Water Level (B):Feet I	Sclow Land Surface				
Drawdown [(B) - (A)]:Foot ]	Bolow Land Surface	For flowing well, measured s	hut in head:feet		
Test Pumping Rater	Gallons Per Minute	Well yielded	GPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):			<del></del>		
	hours	icci alica_	lours of pumping		
HEREBY CERTIFY that the above statements are true to the best of my knowledge.					
Peacock's Pump + Resair 4	Lpc. 0-728,	P John	7 Leason 1.		
Print Nume of Power Lamble and Lines N	(if applicable)	S:			

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Form; OLWR-SWR-18