

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 #: _____

County: Bolivar
Permit #: GW 41275
Irrigation Equipment
Driller: _____
Date drilling completed: 4-23-07

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	
Owner Name: <u>William Horn</u>	Well Location: <u>33 48 03.4 90 49 41.6</u>
Mailing Address: <u>Hiter Road</u>	Latitude: <u>33° 49' 14"</u> Longitude: <u>90° 49' 41.6"</u>
<u>Merigold MS 38759</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
City State Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. () _____	NW <u>1/4</u> NW <u>1/4</u> Sec <u>28</u> Twn <u>23N</u> Rng <u>6W</u>
	Distance Direction Nearest Town
	<u>3</u> Miles <u>NE</u> of <u>Pace</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation 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 (describe) _____

Static Water Level: 40' feet above or below (circle one) land 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 of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 10 inches Type of casing: PVC160

Screen length: 37 feet Screen diameter: 10 inches Type of screen: PVC160

Screen slot size: .050 inches Setting depth: From _____ feet to _____ 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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BY: OLWR

STATE WELL REPORT

Part 2

Pump Installer's Certification Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)854-6938 (fax)

County: Bolivar
 Permit #: Irrigation Equipment
 Driller: _____
 Date completed: 4-25-07
 Copy information from Part 1

For Office Use Only:
 Aquifer: _____
 Well #: G-225
 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 90 days of well completion.

Well Owner Information		Well Location	
Owner Name: <u>William Horn Jr.</u>	Latitude: <u>33 48 03.4</u>	Longitude: <u>90 49 41.6</u>	
Mailing Address: <u>449 Hiter Rd.</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey		
<u>MERIGOLD, MS. 38754</u>	USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____		
City State Zip Code	<u>NW 1/4 NW 1/4 Sec 28 T23N R. 6W</u>		
Telephone No. () _____	Distance	Direction	Nearest Town
	<u>3</u> Miles	<u>NE</u> of	<u>PACE</u>

Pump Type Circle one			Power Type Circle one		
Air Lift	<input type="checkbox"/> Jet	<input checked="" type="checkbox"/> Submersible	Diesel Engine	<input type="checkbox"/> Gasoline Engine	<input type="checkbox"/> Natural Gas
Bucket	<input type="checkbox"/> Piston	<input type="checkbox"/> Turbine	<input checked="" type="checkbox"/> Electric Motor	<input type="checkbox"/> Hand	<input type="checkbox"/> Traction PTO
Centrifugal	<input type="checkbox"/> Rotary	<input type="checkbox"/> Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>10</u>		
Date Pump Installed: <u>4-25-07</u>			Setting Depth: <u>80'</u> feet		
Rated Pump Capacity: <u>550</u> Gallons Per Minute			Number of Stages: <u>1-8"</u>		

Pump Test Data		Method of Measuring Water Level Circle one	
Date Well Tested: _____	Static Water Level (A): <u>40'</u> Feet Below Land Surface	<input type="checkbox"/> Air Line	<input type="checkbox"/> Electric Measuring Line
Pumping Water Level (B): _____ Feet Below Land Surface	Drawdown [(B) - (A)]: _____ Feet Below Land Surface	<input checked="" type="checkbox"/> Steel Tape	
Test Pumping Rate: _____ Gallons Per Minute	Duration of Pump Test (minimum 4 hours): _____ hours	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. 0-728P Tommy Peacock Jr.
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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