

**State Well Report
Part 1 - Driller's Log**

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

County: Bolivar
Permit #: MS-GW-44996 ✓
Driller: Tommy Paack Sr
Date drilling completed: 8-8-11

For Office Use Only:

Aquifer: _____
Well #: G259
L. S. Elevation: _____
E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>W C Brown Jr</u>	Latitude: <u>N33° 50' 27" W</u> Longitude: <u>W 90° 52' 03" W</u>
Mailing Address: <u>7204 Gateshead Circle</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Apt 7</u>	USGS quad, <u>(Hand-held GPS)</u> , Survey-grade GPS _____
<u>Orlando FL 32822</u>	<u>NW 1/4 NW 1/4 Sec 18 ✓</u> Twn <u>23N ✓</u> Rng <u>06W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. (<u>662</u>) <u>721-7884</u>	<u>1 1/2</u> Miles <u>East</u> of <u>Symond</u>

Well / Borehole Data

Date drilling started: 8-8-11 Date drilling completed: 8-8-11 Hole depth: 115' Hole diameter: 28"

Location of the source of any surface water used for drilling: rice field

Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): (No log run) Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____

Seismic Survey _____ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation Fish Culture _____ Other: _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 42 feet above or below (circle one) land surface Date measured: 8-9-11

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

Well depth: 115' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement (Bentonite) Mix

Casing length: 20⁷⁵ feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .035 inches Setting depth: From 75 feet to 115 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 next page*

Form: OLWR-SWR-1A (04/09)

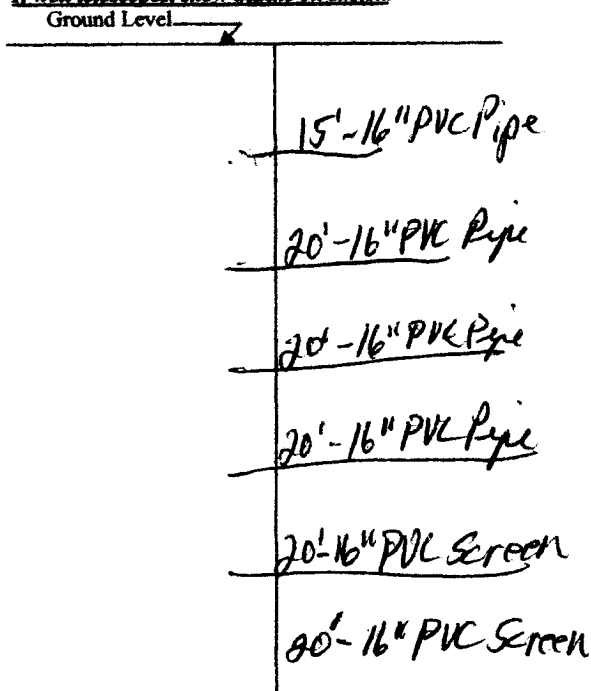
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BY: OLWR

The sketch below only required for water wells

If well telescopes, show depths on sketch.

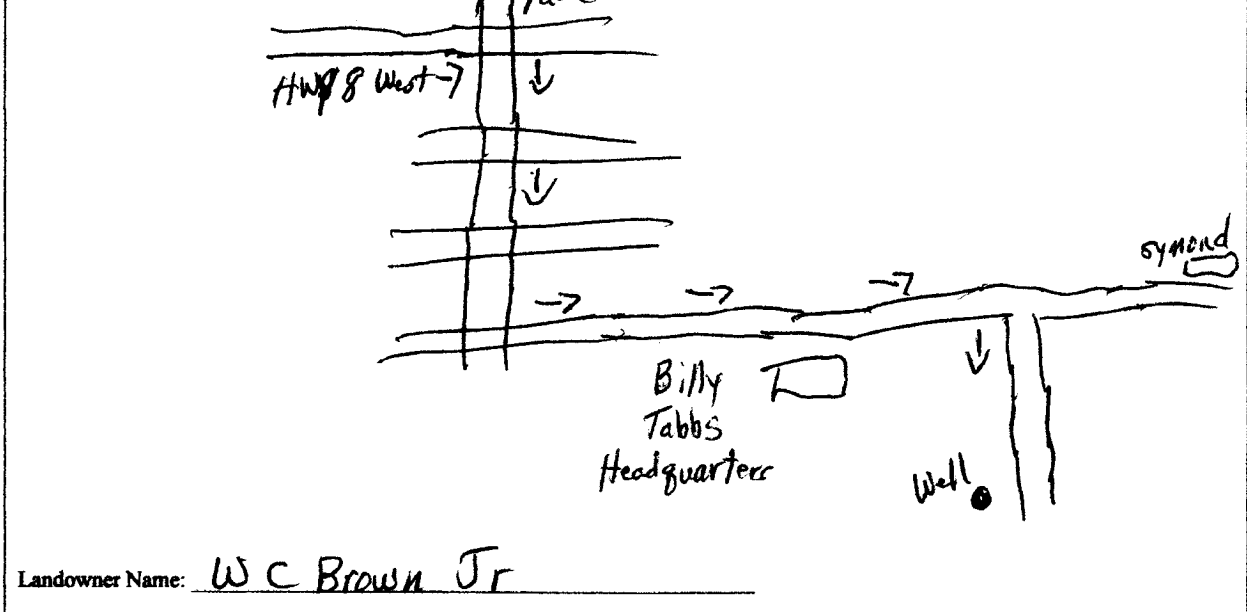


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
TOP SOIL	Ground Level	11'
med. sand	11'	65'
coarse sand	65'	90'
fine sand	90'	95'
coarse sand & gravel	95'	115'

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) a north arrow.



Landowner Name: W C Brown Jr

Form: OLWR-SWR-1A (04/08)

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

Reedick's Pump & Repair Inc UNR-3409 8-27-11
 Print Name of Responsible Licensee and License No. Date

Tommy Peacock RECEIVED
 Signature of Licensee

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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 39209-0631
(601) 961-5210
(601) 934-8938 (fax)

For Office Use Only:

Applicator: _____

Well #: G259

Elevation: _____

County: Polk
Permit #: MS-GW-44996
Driller: _____
Date completed: 8-9-11
Case information from block on Part 1

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>W.C. Brown Jr</u>	Latitude: <u>N33° 50.76'</u> Longitude: <u>W90° 52.053'</u>
Mailing Address: <u>7204 Gateshead Circle</u> <u>APT 7</u> <u>Orlando FL 32822</u> <small>City State Zip Code</small>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey <input checked="" type="checkbox"/> Hand-held GPS <input type="checkbox"/> Survey-grade GPS
Telephone No. <u>(662) 721-7884</u>	USGS quad _____ <u>NW 1/4</u> of <u>NW 1/4</u> Sec <u>18</u> T <u>23N</u> R <u>06W</u>
	Distance Direction Nearest Town <u>1 1/2</u> Miles <u>East</u> of <u>Symond</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input checked="" type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Home Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>8-9-11</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>2800</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 <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input checked="" type="checkbox"/>
Static Water Level (A): <u>42</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured static 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 UNR-3409
Print Name of Pump Installer and License No. (if applicable)

Tommy Peacock
Signature of Pump Installer

Form: OLWR-BWR-1B

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