

5-11-15 (L)

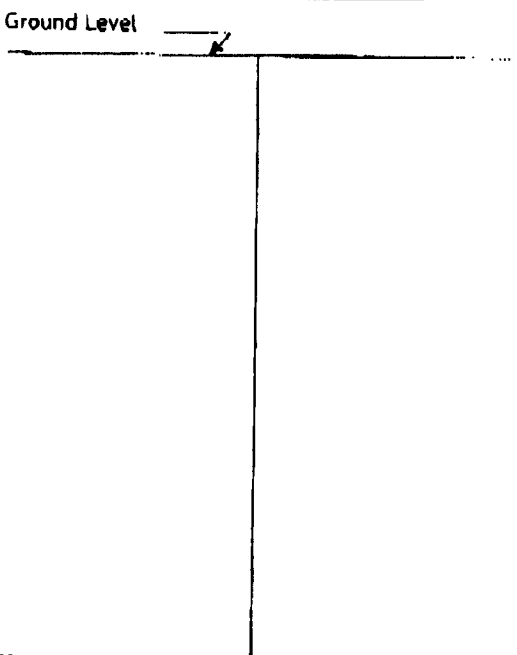
County Bolivar
 Permit # GW-48649

For Office Use Only:
 Well # 6286

The sketch below only required for water wells

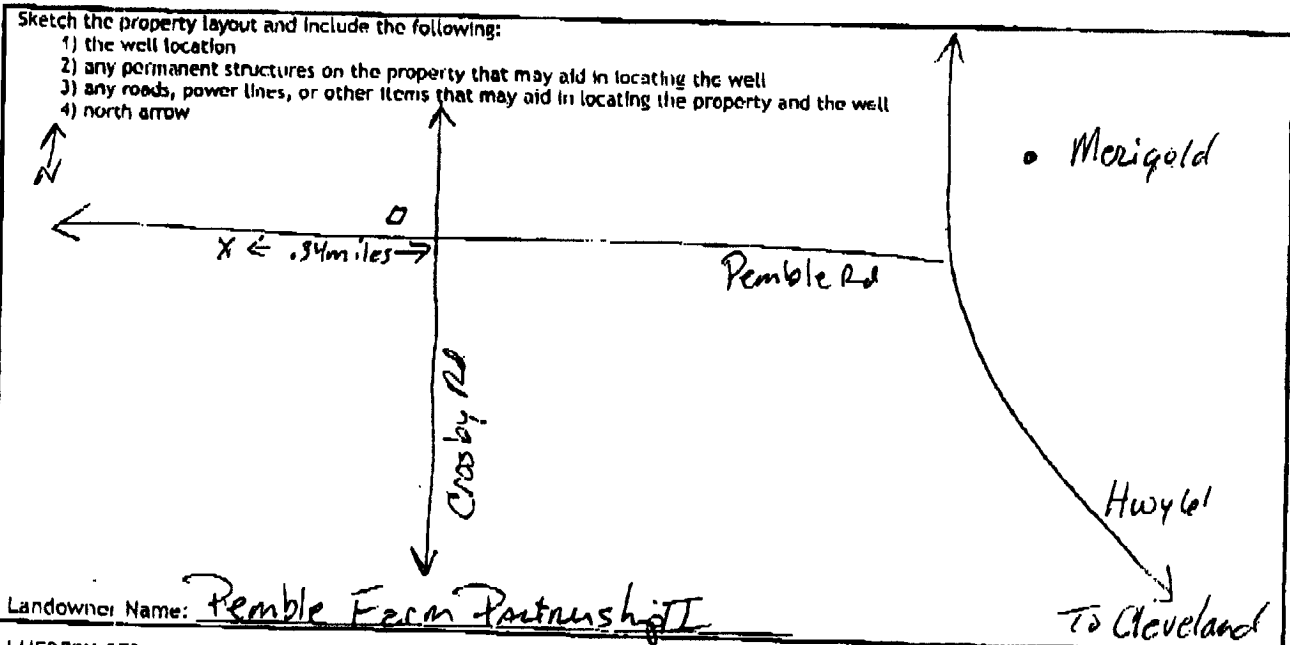
Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground level	18
Fine Sand	18	37
Medium Sand & Pea Gravel	37	41
Medium/Coarse Sand & Pea Gravel	41	46
Fine Sand	46	49
Medium Sand	49	53
Medium Sand & Pea Gravel	53	59
Medium/Coarse Sand & Pea Gravel	59	89
Medium Sand	89	92
Coarse Sand & Gravel	92	107
Medium Sand & Gravel	107	111
Medium Sand	111	118
Coarse Sand & Pea Gravel	118	125

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



I HEREBY 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.

Clayton Miller 0-703 5-11-15 Clayton Miller
 Print Name of Responsible Licensee and License No Date Signature of Licensee

FIELD
5-11-15

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601) 360-0535 (fax)

For Office Use Only:

Well #: E 280
Aquifer: _____

County: Bolivar
Permit #: GW-48649
Driller: Michael Wells
Date completed: 5-8-15
Copy 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>Peable Farm Partnership II</u>	Latitude: <u>33° 50' 8.41"</u>	Longitude: <u>90° 46' 6.19"</u>	
Mailing Address: <u>P.O. Box 428</u>	Method of Lat/Long (check one): Conventional Survey _____		
<u>Merigold</u> MS <u>38759</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
City State Zip Code	<u>SW 1/4 SE 1/4, Sec 13 T23N R06W</u>		
Telephone No. <u>(662) 721-7734</u>	<u>2.41</u> Miles (Distance)	<u>West</u> of (Direction)	<u>Merigold</u> (Nearest Town)

Pump Type (circle one):
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 5-8-15 Rated Pump Capacity: _____ Gallons Per Minute
 Is This Pump (circle one): New Repaired Replacement

Power Type (circle one):
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: 60 Setting Depth: 80 feet Number of Stages: 1

Pump Test Data for Non Flowing Well
 Date Well Tested: NO TESTED Duration of Pump Test (minimum 4 hours): N/A hours
 Static Water Level (A): 48 Feet Below Land Surface Pumping Water Level (B): N/A Feet Below Land Surface
 Drawdown [(B) - (A)]: N/A Feet Below Land Surface Test Pumping Rate: N/A Gallons Per Minute
 Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well
 Measured shut in head: _____ feet.
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation
 Meter Manufacturer: _____ Meter Serial Number: _____
 Meter Model Number/Name: _____ Type of Meter: _____
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
 Installation Date: _____ Meter installed by: _____
 Is This Meter (circle one): New Repaired Replacement
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Clayton Miller 0-703 5-11-15 Clayton Miller
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer