

Part 2 never received
3/13

State Well Report

Part 1

County: Bolivar
 Permit #: 6604042
 Irrigation Equipment
 Driller: _____
 Date drilling completed: 6-4-05

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 #: H-154
 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.

Well Owner Information	Well Location
Owner Name <u>Merigold Farm/Eagle Creek</u>	Latitude: <u>33 49 35</u> ° <u>90 42 5.1</u> "
Mailing Address: <u>Box 98</u>	Longitude: _____ "
<u>Inverness, MS 38753</u>	Method of Lat/Long (circle one): <u>Conventional Survey,</u>
City State Zip Code	<u>USGS quad, Hand-held GPS, Survey-grade GPS</u>
Telephone No. () _____	<u>NE 1/4 SW 1/4 Sec 22 Twn 23N Rng 5W</u>
Contact: <u>Charles Sullivan</u>	Distance Direction Nearest Town
	<u>1 Miles SE of Merigold</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Replaces 8503

Date well drilling started: 6-4-05 Date well drilling completed: 6-4-05

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

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

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

Hole depth: 135 Well depth: 135 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 95 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 96 feet to 135 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
 Print Name of Water Well Contractor and License No. Patrick M Chism
 Signature of Water Well Contractor

Owner contracted with Peacock Pump & Repair of Cleveland, MS
 Peacock Pump & Repair will install pump.

RECEIVED
 JUN 29 2005
 BY: OLWR

