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 39225-2309
(601)961-5555
(601)961-5228 (fax)

County: Bolivar
Permit #: GW - 50094
Driller: Tommy Peacock
Date drilling completed: 9/10/17

For Office Use Only:
Well #: H221
Aquifer:
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.

Well Owner Information
(Landowner if borehole is not for a water well)

Owner Name: William Dirk Sikes
Mailing Address: 1320 Memorial Drive
Cleveland MS 38732
City State Zip Code
Telephone No. (____)

Well or Borehole Location

Latitude: 33°48'24" Longitude: 90°40'50"
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS X, Survey-grade GPS____
NE ¼ NE ¼, Sec 36 (35) T 23N (23N) R 05W
5 Miles NE of Cleveland
(*Distance*) (*Direction*) (*Nearest Town*)

Well / Borehole Data

Date drilling started: 9/10/17 Date drilling completed: 9/10/17 Hole depth: 120 Hole diameter: 24"
Location of the source of any surface water used for drilling: Riser Just
Method of dosing and volume of Chlorine used in drilling and development: Chlorinated in tanker
Logs run (check *all applicable*): ☐ 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 *all applicable*): ☐ Home ☐ Industrial ☐ Public Supply ☒ Irrigation ☐ Fish Culture
Other (*describe*):
If a flowing well, method of flow regulation: Valve ____ Other (*describe*)
Static Water Level: ____ feet [☐ above or ☐ below] land surface (check *one*) Date measured:
Method of measurement (check *one*) ☒ Steel tape ☐ Electric tape ☐ Air line ☐ Other (*describe*):
Well depth: 120 Well grouted to a depth of: 10 feet Type of grout (check *one*) ☐ Neat Cement ☐ Bentonite ☐ Mix
Casing length: 80 feet Casing diameter: 12 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC
Screen slot size: .050 inches Setting depth: From 80 feet to 120 feet
Type of completion (check *all applicable*) ☐ ravel packed ☐ Underreamed ☐ 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

RECEIVED SEP 18 2017 BY OLWR

Form: OLWR-SWR-1A (*4/13*)

County: Bolivar

Permit #: GW-50094

For Office Use Only:

Well #: H221

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level

Top soil + clay	15'
Medium Sand	40'
Coarse Sand	10'
Coarse + gravel	55'

If more than one screen, show location of each 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 + clay	Ground level	15
Medium sand	15	55
Coarse sand	55	65
Coarse + gravel	65	120

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) north arrow

RECEIVED
SEP 18 2017
BY OLWR

Landowner Name: _____

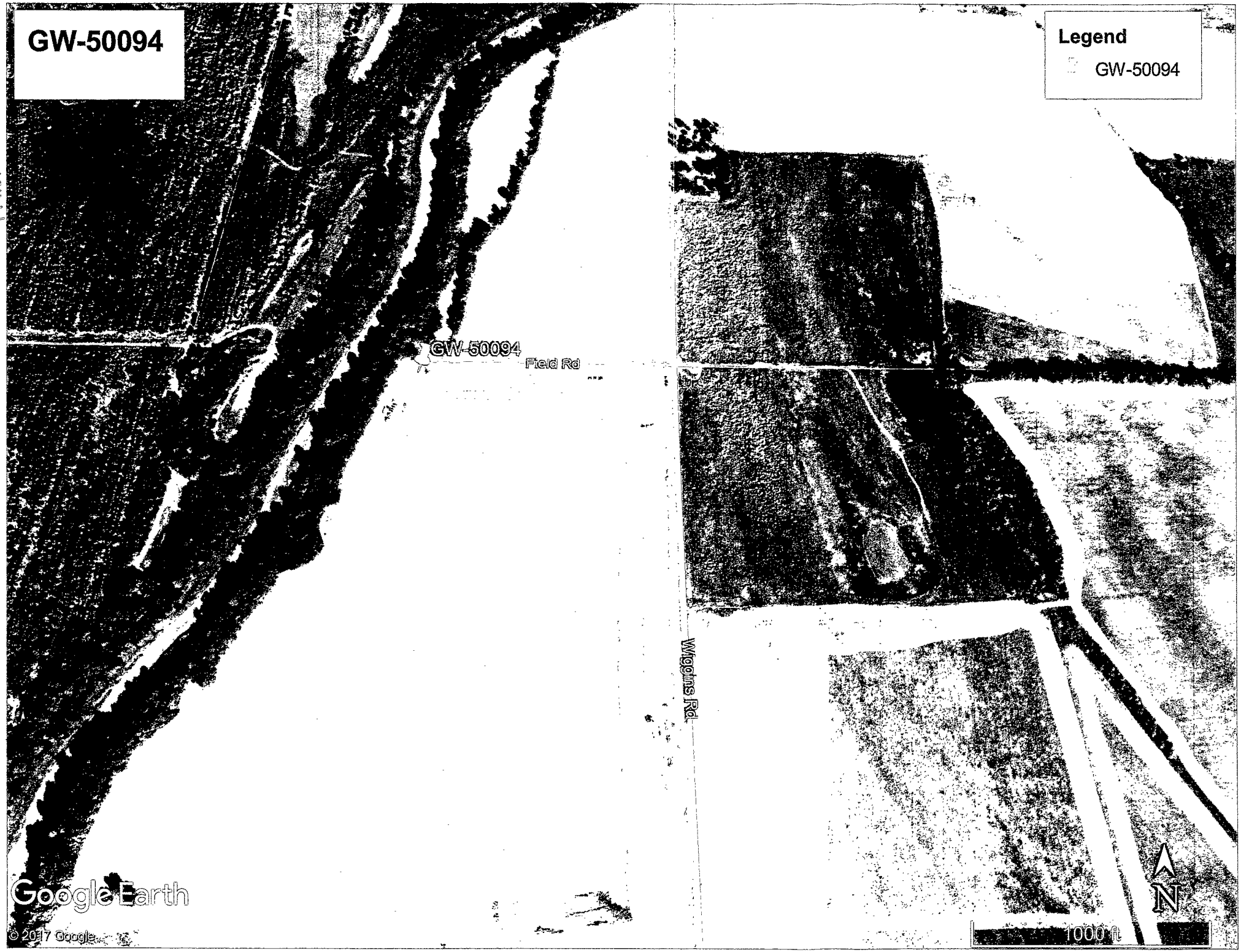
I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Tommy Peacock Lic #3409 — Print Name of Responsible Licensee and License No.

9/13/17 — Date

Tommy Peacock — Signature of Licensee

Form: OLWR-SWR-1B (4/13)


GW-50094
GW-50094
Field Rd
Wiggins Rd
Legend
GW-50094
Google Earth
© 2017 Google
1000 ft
N

STATE WELL REPORT

County: Bolivar
Permit #: GW - 50094
Driller: Tommy Peacock
Date completed: 9/10/17
Copy information from block on Part 1

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 #: H221
Aquifer: _____

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

Owner Name: William Dick Sikes
Mailing Address: 1320 Memorial Drive
Cleveland (City) MS (State) 38732 (Zip Code)
Telephone No. (____) _____

Well Location

Latitude: 33°48'24" Longitude: 90°40'50"
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS X, Survey-grade GPS____
NE ¼ NE ¼, Sec 36 T 23N R 05W
5 Miles (*Distance*) NE (*Direction*) of Cleveland (*Nearest Town*)

Pump Type (check *one*)

Submersible [X] Turbine [ ] Air Lift [ ] Centrifugal [ ] Flowing Well [ ] Jet [ ] Piston [ ] Rotary [ ] Other (*describe*): _____
Date Pump Installed: 9/11/17 Rated Pump Capacity: _____ Gallons Per Minute
Is This Pump (check *one*): [X] New [ ] Repaired [ ] Replacement

Power Type (check *one*)

Electric [X] Diesel [ ] Gasoline [ ] Natural Gas [ ] Tractor PTO [ ] Windmill [ ] Other (*describe*): _____
Horse Power Rating of Motor: 30 Setting Depth: 80 feet Number of Stages: _____

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (*minimum 4 hours*): _____ hours
Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface
Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute
Method of measurement (check *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 (check *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.

RECEIVED SEP 18 2017 BY OLWR

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Tommy Peacock Lic#-3409 (Print Name of Pump Installer and License No. (*if applicable*)) 9/13/17 (Date) Tommy Peacock (Signature of Pump Installer)

Form: OLWR-SWR-2A (4/13)