

# 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)

County: Bolivar  
Permit #: GW-42448  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 4-16-08

For Office Use Only:  
Aquifer: K 120  
Well #: \_\_\_\_\_  
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>Alyward Farms</u>	Latitude: <u>33.47.158</u> Longitude: <u>90.53.374</u>
Mailing Address: <u>P.O. Box 206</u>	Method of Lat/Long (circle one): <u>16</u> Conventional Survey, <u>37</u>
<u>Pace</u> City <u>Ms.</u> State <u>38764</u> Zip Code	USGS quad, Hand-held GPS, Survey-grade GPS
Telephone No. ( ) _____	<u>NE 1/4 NW 1/4</u> Sec <u>2</u> Twn <u>22N</u> Rng <u>7W</u>
	Distance <u>2</u> Miles <u>W</u> Direction of <u>Pace</u> Nearest Town

**Well Data**

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

Date well drilling started: 4-14-08 Date well drilling completed: 4-14-08

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

Static Water Level: 35 feet above or below (circle one) land surface Date measured: 4-16-08

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

Hole depth: 127 Well depth: 127 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 87 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 88 feet to 127 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): \_\_\_\_\_

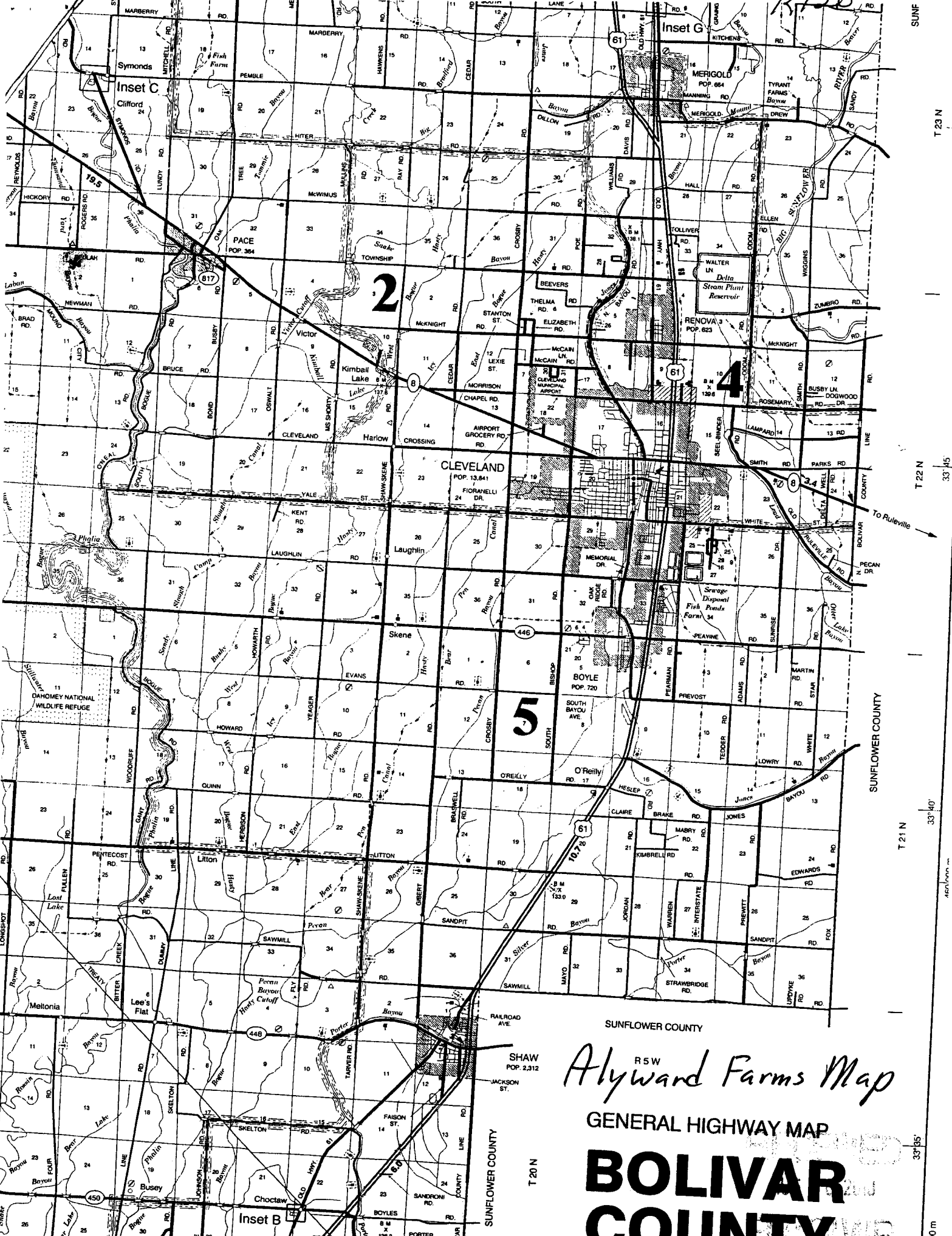
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.  
Patrick M. Chism 0695

Print Name of Water Well Contractor and License No. \_\_\_\_\_ Signature of Water Well Contractor \_\_\_\_\_

Tommy Peacock contracted with us to drill well.  
He will set pump.

RECEIVED  
AUG 20 2008  
BY OWNER





*Alyward Farms Map*

GENERAL HIGHWAY MAP

**BOLIVAR COUNTY**

SHAW  
POP. 2,312  
JACKSON ST.

SUNFLOWER COUNTY

SUNFLOWER COUNTY

T 23 N  
T 22 N  
T 21 N

R 5 W  
R 6 W

33° 35'

1000 m

# 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 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

County: Adair  
Permit #: CW42448  
Driller: \_\_\_\_\_  
Date completed: 4-21-08  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: K120  
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 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Aylward Farms</u>	Latitude: <u>33.47.15.8</u> Longitude: <u>90.53.37.4</u>
Mailing Address: <u>P.O. Box 204</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
<u>Pace</u> <u>MS</u> <u>38764</u> City State Zip Code	<u>NE 1/4 NW 1/4 Sec 2 T22N R 7W</u>
Telephone No. <u>(662) 719-6268</u>	Distance Direction Nearest Town <u>2</u> Miles <u>West</u> of <u>Pace</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet      Submersible	<u>Diesel Engine</u> Gasoline Engine      Natural Gas
Bucket      Piston <u>Turbine</u>	Electric Motor      Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>4-21-08</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>2600</u> Gallons Per Minute	Number of Stages: <u>2-12"</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line      Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>35</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut 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 0-7287      Tommy Peacock Jr.  
Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer