

# 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)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: M-231  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Bolivar  
Permit # 6W41776  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 4-23-07

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>C.F. Roberson</u>	Latitude: <u>33 44 15.7</u> °	Longitude: <u>90 40 03.6</u> °
Mailing Address:	<u>4461 Hwy. 8</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>	
		USGS quad, Hand-held GPS, Survey-grade GPS	
	<u>Cleveland MS 38732</u>	<u>NE</u> <u>SE</u> <u>SW</u> <u>16</u> <u>04</u>	
City	State	Zip Code	
	<u>662-843-8513</u>	Distance	Direction
Telephone No. ( )		<u>3</u> Miles	<u>East</u> of <u>Cleveland</u>

**Well Data**

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

Date well drilling started: 4-23-07 Date well drilling completed: 4-23-07

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

Static Water Level: 30' feet above or below (circle one) land surface Date measured: 4-23-07

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

Hole depth: 124 Well depth: 124 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 84 feet Casing diameter: 10 inches Type of casing: PVC160

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC160

Screen slot size: .050 inches Setting depth: From 85 feet to 124 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

*Patrick M. Chism*

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

Owner contracted with Peacock Pump & Repair.  
Peacock Pump & Repair will install pump.

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BY: OLWR

M-231

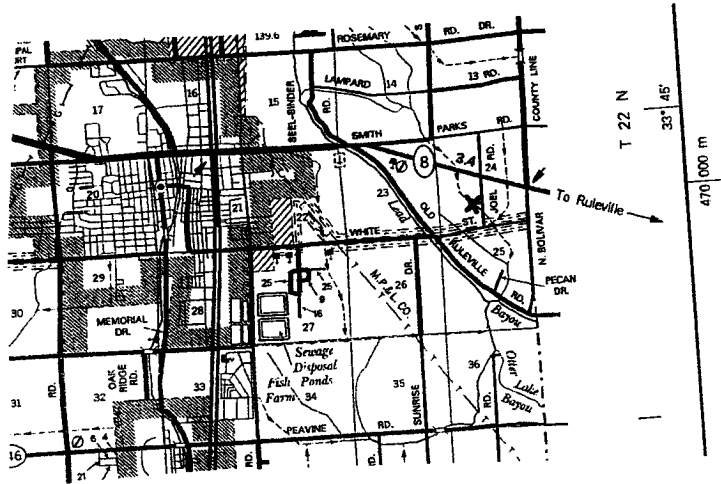
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	47
Fine Sand	48	67
Coarse Sand/gravel	68	124

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) indicate direction.



Landowner Name: \_\_\_\_\_

*Patrick M. CE*  
 Signature of Water Well Contractor

### STATE WELL REPORT

County: Bolivar

Permit #: Irrigation Equipment

Date completed: 4-24-07

*Copy information from block on Part I*

**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)351-3210  
 (601)354-6938 (fax)

Acquifer: \_\_\_\_\_

Well #: M-231

Elevation: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part I of the report as well as a check of and hole parts file with the Department at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>C.E. ROBERSON</u>	Latitude: <u>33° 44' 15.7" N</u> Longitude: <u>90° 40' 03.6" W</u>
Mailing Address: <u>4461 HWY 8 EAST</u> <u>CLEVELAND, MS 38732</u> City State Zip Code	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____ Easting/UTM _____ Survey-grade GPS _____ <u>SE 1/4 SW 1/4 Sec 24 T24N R 5W</u>
Telephone No. <u>(662) 843-8513</u>	Distance Direction Nearest Town <u>3 miles EAST of CLEVELAND</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible	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 type="checkbox"/>	<input checked="" type="checkbox"/> Electric Motor <input 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): _____	Horse Power Rating of motor: <u>10</u>
Date Pump Installed: <u>4-24-07</u>	Setting Depth: <u>80'</u> feet
Rated Pump Capacity: <u>550</u> Gallons Per Minute	Number of Surges: <u>1-8"</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"/> <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>38</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured static head: _____ feet
Drawdown (D) - (A): _____ Feet Below Land Surface	Well yields _____ 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 0-728P Tommy Peacock Jr.  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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 MAY 29 2007  
 BY: OLWR

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