

# 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 #: Q-197  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Boliva  
Permit # OW-41974  
Irrigation equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 5-29-07

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>Cleotha Williams</u>		Latitude: <u>33 37 47.1</u>	Longitude: <u>90 44 18.4</u>
Mailing Address: <u>481 Sand Pit Road</u>		Method of Lat/Long (circle one): Conventional Survey,	
		USGS quad, Hand-held GPS, Survey-grade GPS	
<u>Shaw MS 38773</u>		<u>NE</u> <u>1/4</u> <u>sec 32</u> <u>Twn 21N</u> <u>Rng 5W</u>	
City State Zip Code		Distance Direction Nearest Town	
Telephone No. ( )		<u>2 Miles NE of Shaw</u>	

**Well Data**

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

Date well drilling started: 5-29-07 Date well drilling completed: 5-29-07

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

Static Water Level: 22 feet above or below (circle one) land surface Date measured: 5-29-07

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

Hole depth: 126 Well depth: 126 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 86 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 87 feet to 126 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): \_\_\_\_\_

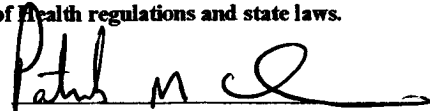
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. If telescoped or more than one screen, describe on back of page

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.

Signature of Water Well Contractor

Owner contracted with Peacock Pump & Repair.  
Peacock Pump & Repair installed pump.

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BY: OLWR

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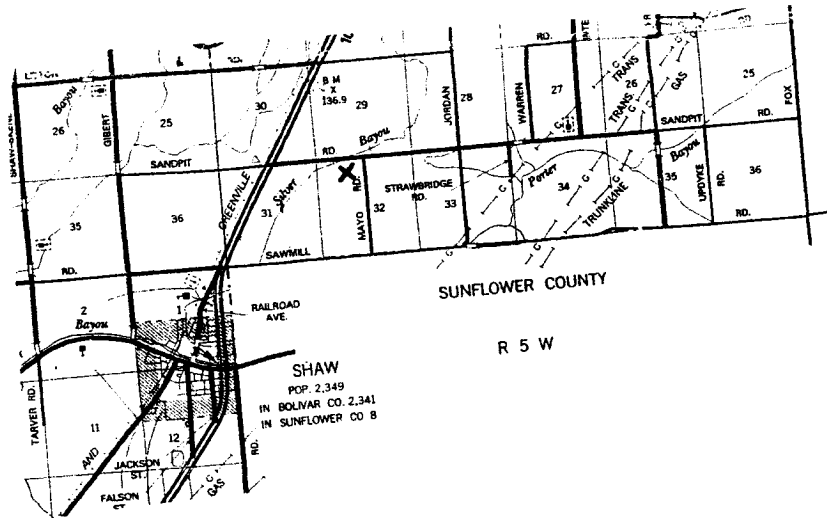
If well telescopes please sketch below and show depths.

Ground Level


Description of Formations Encountered	From	To
Clay	0	19
Fine Sand	20	45
Fine Sand/gravel	46	55
Med, Sand/gravel	56	26

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: \_\_\_\_\_

  
 \_\_\_\_\_  
 Signature of Water Well Contractor

# STATE WELL REPORT

County: Bolevar  
 Permit # GW 41974  
 Driller: \_\_\_\_\_  
 Date completed: 6-1-07  
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 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: Q-197  
 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>CLEOHA WILLIAMS</u>	Latitude: <u>33°37'47.1</u> Longitude: <u>90°44'18.4</u>
Mailing Address: <u>481 SAND PIT RD</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>SHAW, MS 38773</u>	USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 NW 1/4 Sec 32 T 21N R 5W</u>
Telephone No. <u>(662) 588-1391</u>	Distance Direction Nearest Town <u>2</u> Miles <u>NE</u> of <u>SHAW</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <b>Submersible</b> <input checked="" type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<b>Electric Motor</b> <input checked="" type="radio"/> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>10</u>
Date Pump Installed: <u>6-1-07</u>	Setting Depth: <u>80'</u> feet
Rated Pump Capacity: <u>550</u> Gallons Per Minute	Number of Stages: <u>1-8"</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <b>Steel Tape</b> <input checked="" type="radio"/>
Static Water Level (A): <u>36'</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. 0-728P Tommy Peacock Jr.  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

*New Pump installed in new 10" well.*

Form: OLWR-SWB-1B  
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