

# 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-198  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Bolivar  
Permit #: GW41844  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 5-30-07

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 15.8</u> " Longitude: <u>90 44 45.2</u> "
Mailing Address: <u>481 Sand Pit Road</u>	Method of Lat/Long (circle one): <u>16</u> Conventional Survey, <u>45</u>
<u>Shaw MS 38773</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	SE $\frac{1}{4}$ NW $\frac{1}{4}$ Sec <u>32</u> Twn <u>21N</u> Rng <u>5W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>2</u> Miles <u>NE</u> of <u>Shaw</u>

**Well Data**

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

Date well drilling started: 5-30-07 Date well drilling completed: 5-30-07

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

Static Water Level: 20' feet above or below (circle one) land surface Date measured: 5-30-07

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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JUN 29 2007

BY: OLWR

Q-

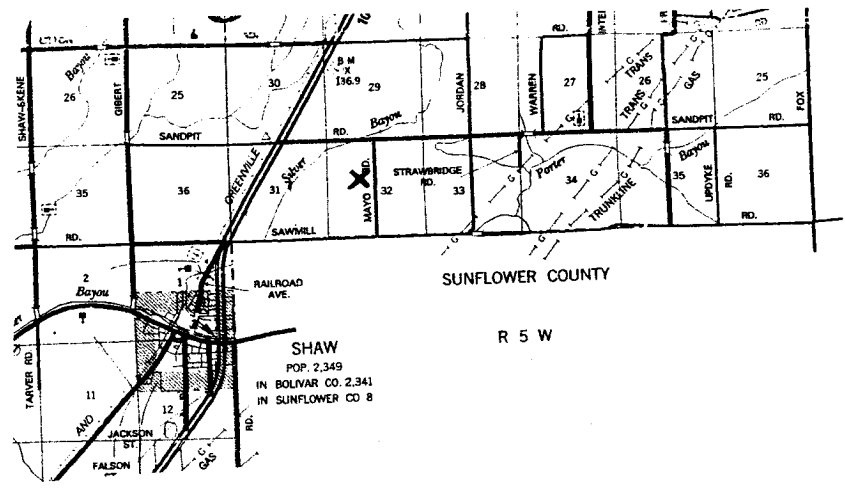
If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	21
Fine Sand	22	35
Fine Sand/gravel	36	50
Med. Sand/gravel	51	126

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

## 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: Bolivar  
 Permit #: \_\_\_\_\_  
 Driller: \_\_\_\_\_  
 Date completed: 6-1-07  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: Q-198  
 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**

Owner Name: CLEOTHA WILLIAMS  
 Mailing Address: 481 SAND PIT RD.  
SHAW, MS 38773  
 City State Zip Code  
 Telephone No. (662) 588-1391

**Well Location**

Latitude: 33° 37' 15.8" Longitude: 90° 44' 45.2"  
 Method of Lat/Long (check one): Conventional Survey \_\_\_\_\_  
 USGS quad \_\_\_\_\_ Hand-held GPS \_\_\_\_\_ Survey-grade GPS \_\_\_\_\_  
SE 1/4 NW 1/4 Sec 32 T21N R 5W  
 Distance Direction Nearest Town  
2 Miles NE of SHAW

**Pump Type**  
Circle one

Air Lift Jet   Submersible  
 Bucket Piston Turbine  
 Centrifugal Rotary Flowing Well  
 Other (specify): \_\_\_\_\_  
 Date Pump Installed: 6-1-07  
 Rated Pump Capacity: 550 Gallons Per Minute

**Power Type**  
Circle one

Diesel Engine Gasoline Engine Natural Gas  
 Electric Motor Hand Tractor PTO  
 Windmill Other (specify): \_\_\_\_\_  
 Horse Power Rating of Motor: 10  
 Setting Depth: 80' feet  
 Number of Stages: 1-8"

**Pump Test Data**

Date Well Tested: \_\_\_\_\_  
 Static Water Level (A): 36' 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  
 Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

**Method of Measuring Water Level**  
Circle one

Air Line Electric Measuring Line  Steel Tape  
 Other (specify): \_\_\_\_\_  
 For flowing well, measured shut in head: \_\_\_\_\_ feet  
 Well yielded \_\_\_\_\_ GPM with a drawdown of \_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Peacock's Pump & Repair Inc. 0-788P 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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