

State Well Report

Part I

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 201
L. S. Elevation: _____
E-log #: _____

County: Bolivar
Femil #: _____
Irrigation Equipment
Driller: _____
Date drilling completed: 8-9-07

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>Robert Green</u>	Latitude: <u>33.37.37.9</u> Longitude: <u>90.48.52.4</u>
Mailing Address: <u>P.O. Box 1511</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Cleveland Ms. 38732</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 33 Twn 21N Rng 5W</u>
Telephone No. () _____	SE Distance Direction Nearest Town <u>5</u> Miles <u>5</u> of <u>Boyle</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 8-9-07 Date well drilling completed: 8-9-07
If flowing, method of flow regulation: Valve _____ Other (describe): _____
Static Water Level: 25 feet above or below (circle one) land surface Date measured: 8-9-07
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: PVC
Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC
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

John P. Chism 0439
Print Name of Water Well Contractor and License No.

John P. Chism
Signature of Water Well Contractor

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

Q 201

If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	20
Fine Sand	21	35
Fine Sand & Gravel	36	48
Medium Sand & Gravel	49	126

If more than one screen, show location of each on sketch

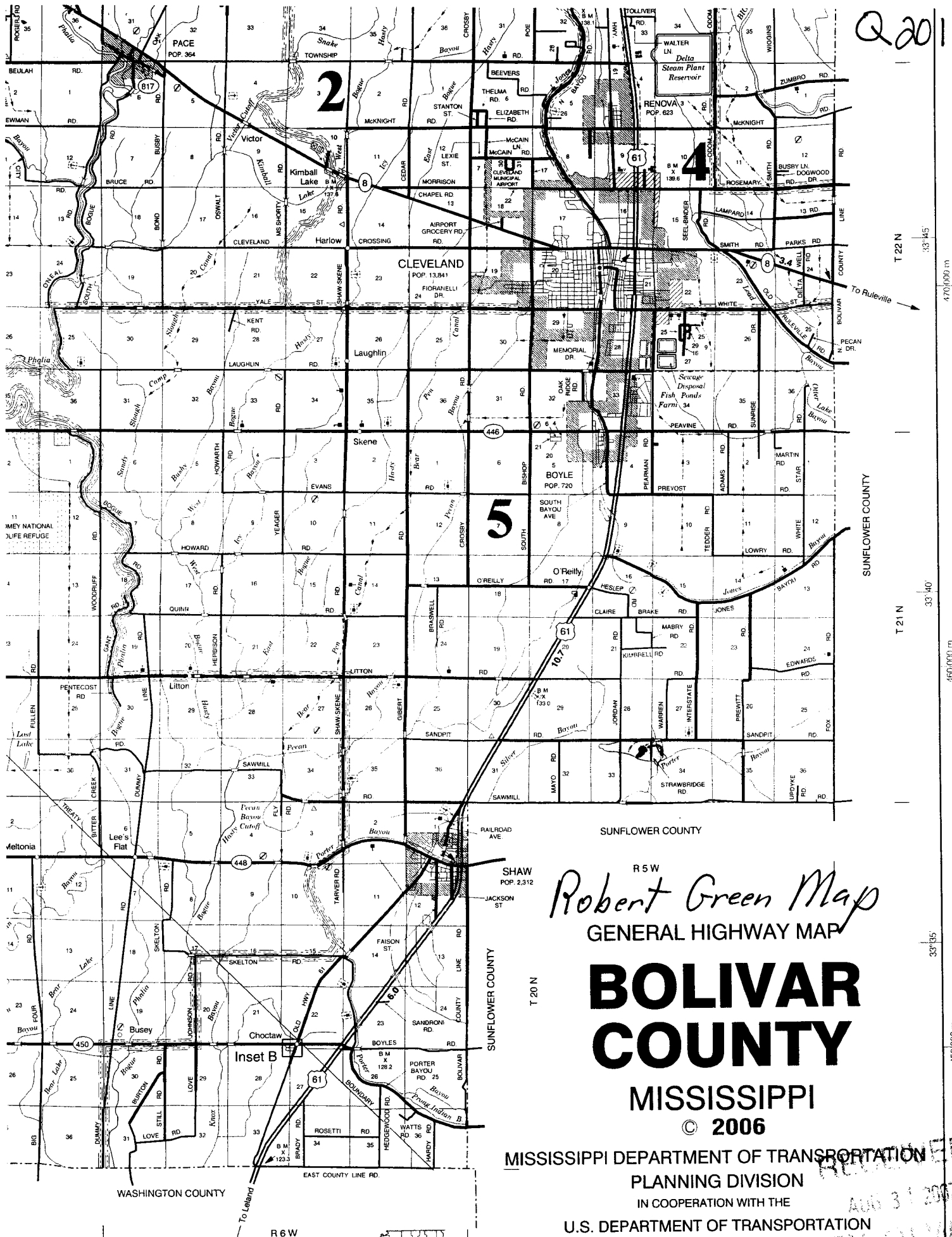
Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.

Landowner Name: Robert Green

John R. [Signature]
Signature of Water Well Contractor

RECEIVED
APR 11 2007
BY: [Signature]

Q 201



R 5 W
Robert Green Map
 GENERAL HIGHWAY MAP

BOLIVAR COUNTY

MISSISSIPPI

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MISSISSIPPI DEPARTMENT OF TRANSPORTATION
 PLANNING DIVISION
 IN COOPERATION WITH THE

U.S. DEPARTMENT OF TRANSPORTATION
 FEDERAL HIGHWAY ADMINISTRATION

TRANSVERSE MERCATOR PROJECTION,
 STATE PLANE COORDINATE SYSTEM 1983

RECEIVED
 AUG 31 2007
 BOLIVAR

T 22 N 33° 45'
 470,000 m
 T 21 N 33° 40'
 460,000 m
 33° 35'
 450,000 m
 33° 30'

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: 8-14-07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: Q-201
 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>ROBERT GREEN</u>	Latitude: <u>33° 37' 37.9"</u> Longitude: <u>90° 43' 52.4"</u>
Mailing Address: <u>P.O. BOX 1511</u>	Method of Lat/Long (check one): Conventional Survey <input type="checkbox"/>
<u>1108 SMITH AVE</u>	USGS quad _____, Hand-held GPS <input type="checkbox"/> , Survey-grade GPS <input type="checkbox"/>
<u>CLEVELAND, MS 38722</u>	<u>NE 1/4 NE 1/4 Sec 33 T21N R 5W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 719-6098</u>	<u>5</u> Miles <u>S</u> of <u>BOYLE</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/>	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"/>	Electric Motor <input checked="" 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>8-14-07</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 <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input checked="" type="checkbox"/>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>37'</u> 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 _____
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
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