

County: Coahoma  
 Permit #: GW-455011  
 Driller: Tommy Peacock Sr.  
 Date drilling completed: 9-8-11

**State Well Report**  
 Part I - Driller's Log  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961- 5210  
 (601)961- 5228 (fax)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: E158  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

|   |  |
|---|--|
| <p><b>Information on Well Owner</b><br/> <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Mike Lewis</u><br/>       Mailing Address: <u>P.O. Box 2430</u><br/> <u>Oxford MS 38655</u><br/>       City State Zip Code<br/>       Telephone No. <u>662 832-8569</u></p> | <p><b>Well or Borehole Location</b></p> <p>Latitude: <u>34.19.22</u> Longitude: <u>90.38.34</u><br/>       Method of Lat/Long (circle one): Conventional Survey,<br/>       USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/><br/> <u>1R</u> <math>\frac{1}{4}</math> <u>1R</u> <math>\frac{1}{4}</math> Sec <u>06</u> Twn <u>28N</u> Rng <u>04W</u><br/>       SE SE<br/>       Distance <u>1</u> Miles Direction <u>NW</u> of Nearest Town <u>Stovall</u></p> |
|---|--|

**Well / Borehole Data**

Date drilling started: 9-8-11 Date drilling completed: 9-8-11 Hole depth: 125' Hole diameter: 28"  
 Location of the source of any surface water used for drilling: Pond  
 Method of dosing and volume of Chlorine used in drilling and development: added as pumped into tank  
 Logs run (circle all applicable): No log run  Electric  Gamma Ray  Density  Sonic  Neutron  Other: \_\_\_\_\_  
 Name of organization running log(s): \_\_\_\_\_  
 Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_  
 Seismic Survey \_\_\_\_\_ Other (describe) \_\_\_\_\_  
*If drilling is not related to water well construction, skip the remainder of this block*  
 Purpose of Well (check one): Home \_\_\_\_\_ Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation  Fish Culture \_\_\_\_\_ Other: \_\_\_\_\_  
 If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 Static Water Level: 11' feet above or below (circle one) land surface Date measured: 9-9-11  
 Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_  
 Well depth: 125' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement  Bentonite  Mix  
 Casing length: 85' feet Casing diameter: 16" inches Type of casing: PVC  
 Screen length: 40 feet Screen diameter: 16" inches Type of screen: PVC  
 Screen slot size: .075 inches Setting depth: From 85' feet to 125' 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 next page*

Form: OLWR-SWR-1A (04/08)

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# 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)954-8998 (fax)

For Other Use Only:

Applicator: \_\_\_\_\_

Well #: E158

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

County: Coahoma  
 Permit #: \_\_\_\_\_  
 Driller: \_\_\_\_\_  
 Date completed: 9-10-11  
*Copy information from block on Part 1*

*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>Mike Lewis</u>         | Latitude: <u>34° 19.22</u> Longitude: <u>90° 38.34</u>                                      |
| Mailing Address: <u>P.O. Box 2430</u> | Method of Lat/Long (check one): Conventional Survey _____                                   |
| <u>Oxford</u> <u>MS</u> <u>38655</u>  | USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____ |
| City State Zip Code                   | <u>1R</u> $\frac{1}{2}$ <u>1R</u> $\frac{1}{2}$ Sec <u>06</u> T <u>28N</u> R <u>04W</u>     |
| Telephone No. <u>662, 832-8569</u>    | Distance <u>SE</u> Direction <u>SE</u> Nearest Town <u>1 Miles NW of Stovall</u>            |

| Pump Type<br>Circle one  | Power Type<br>Circle one   |
|--|--|
| Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input 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"/> <b>Turbine</b> <input checked="" type="checkbox"/> | <b>Electric Motor</b> <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): _____   | Home Power Rating of Motor: <u>60</u>  |
| Date Pump Installed: <u>9-10-11</u>  | Setting Depth: <u>70</u> feet  |
| Rated Pump Capacity: <u>3000</u> Gallons Per Minute  | Number of Stages: <u>1-14"</u>   |

| Pump Test Data  | Method of Measuring Water Level<br>Circle one  |
|---|--|
| Date Well Tested: _____                                   | Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <b>Steel Tape</b> <input checked="" type="checkbox"/> |
| Static Water Level (A): <u>11</u> Feet Below Land Surface | Other (specify): _____   |
| Pumping Water Level (B): _____ Feet Below Land Surface    | For flowing well, measured static 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 #3409 Tommy Peacock Jr.  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form OLWR 602 4/07

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