

STATE WELL REPORT

Part 1

Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: 01WR
Aquifer:
E-Log #:

County: Coahoma
Permit #: MS-GW-49335
Driller: Tommy Peacock Sr
Date drilling completed: 6-19-16

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.

Well Owner Information (Landowner if borehole is not for a water well)
Owner Name: Bulldog Farms
Mailing Address: 5073 Willis Rd
Tutwiler MS 38963
City State Zip Code
Telephone No.
Well or Borehole Location
Latitude: N34°00'15 Longitude: W90°28'22
Method of Lat/Long (check one): Conventional Survey
USGS quad, Hand-held GPS, Survey-grade GPS
SE 1/4 SE 1/4, Sec 26 T.25N R.03W
2 Miles E of Tutwiler
(Distance) (Direction) (Nearest Town)

Well / Borehole Data
Date drilling started: 6-19-16 Date drilling completed: 6-19-16 Hole depth: 115' Hole diameter: 24"
Location of the source of any surface water used for drilling: nearby ditch
Method of dosing and volume of Chlorine used in drilling and development: when filling 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 (circle 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 (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture
Other (describe):
If a flowing well, method of flow regulation: Valve Other (describe)
Static Water Level: 35' feet [above or below] land surface Date measured: 6-19-16
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):
Well depth: 115' Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 75 feet Casing diameter: 16 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC
Screen slot size: 1/22 1-050 inches Setting depth: From 75 feet to 115 feet
Type of completion (circle all applicable): Gravel packed Underreamed 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

Received

JUL 13 2016

By OLWR

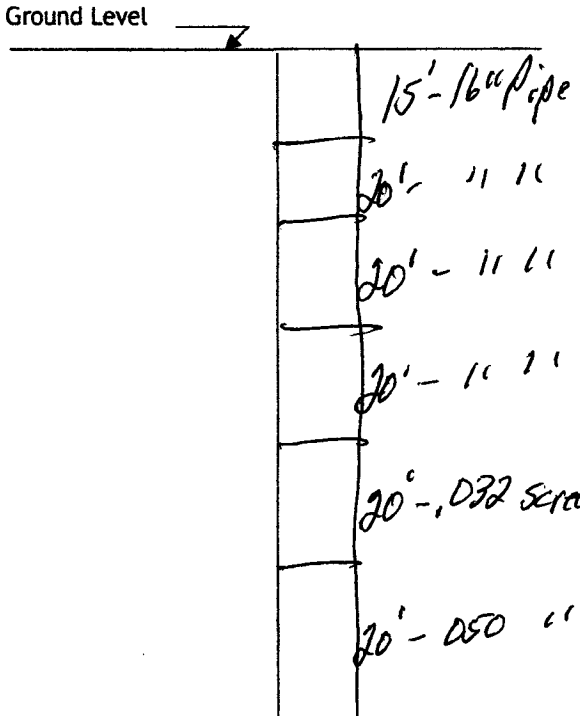
County: Cochon 9
 Permit #: MS-GW-49335

For Office Use Only:
 Well #: 0192

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.



Description of Formations Encountered	From (depth)	To (depth)
	Ground level	
Top soil	0	15
Clay	15	30
Fine sand	30	50
Coarse sand	50	70
Coarse sand & gravel	70	115

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) north arrow

Received

JUL 13 2016

BY OLWR

Landowner Name: Bulldog Farms

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Tommy Peacock Sr #3409 6-30-16 Tommy Peacock Sr
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601) 360-0535 (fax)

County: COAHOMA
Permit #: GW-49335
Driller: TOMMY PEACOCK SR
Date completed: 6-19-16
Copy information from block on Part 1

For Office Use Only:
Well #: _____
Aquifer: _____

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>BULLDOG FARMS</u>	Latitude: <u>34° 00' 15"</u> Longitude: <u>90° 28' 22"</u>
Mailing Address: <u>5073 WELLES Rd</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>TUTWILER</u> <u>MS</u>	<u>SE</u> ¼ <u>SE</u> ¼, Sec <u>26</u> T <u>25N</u> R <u>03W</u>
City State Zip Code	<u>2.3</u> Miles <u>SSW</u> of <u>TUTWILER</u>
Telephone No. <u>(662) 624-6966</u>	(Distance) (Direction) (Nearest Town)

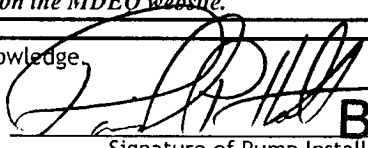
Pump Type (circle one)
Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
Date Pump Installed: 6-21-16 Rated Pump Capacity: 3000 Gallons Per Minute
Is This Pump (circle one): New Repaired Replacement

Power Type (circle one)
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
Horse Power Rating of Motor: 80 Setting Depth: 70 feet Number of Stages: 1

Pump Test Data for Non Flowing Well
Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours
Static Water Level (A): 35 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
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well
Measured shut in head: _____ feet.
Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation
Meter Manufacturer: _____ Meter Serial Number: _____
Meter Model Number/Name: _____ Type of Meter: _____
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____
Installation Date: _____ Meter installed by: _____
Is This Meter (circle one): New Repaired Replacement
Important: By submitting the above information you are certifying that this meter was installed to manufacturer's specifications. For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
DAVID P. HOLT 0-752P 7-11-16 
Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer

Received

JUL 13 2016
By OLWR

116 0072