

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 #: U-56
L. S. Elevation: _____
E-log #: _____

County: Greene 041
Permit #: _____
Driller: Mike & Floyd
Date drilling completed: 3-23-05

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>Jamer Peacock</u>	Latitude: <u>30.00</u> <u>22N</u>	Longitude: <u>088.29</u> <u>29W</u>	
Mailing Address: <u>275 Peacock Rd</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
<u>Sucala MS 39452</u>	USGS quad, Hand-held GPS, Survey-grade GPS		
City State Zip Code	<u>NW 1/4 NE 1/4 Sec 32 Twn 11N Rng R5W</u>		
Telephone No. ()	Distance: <u>6</u> Miles	Direction: <u>N 33</u>	Nearest Town: <u>Sucala</u>
Well Data			
Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____			
Date well drilling started: <u>3-23-05</u> Date well drilling completed: <u>3-23-05</u>			
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>80</u> feet above or below (circle one) land surface Date measured: <u>3-23-05</u>			
Method of Measurement (circle one) steel tape electric tape <u>air line</u> other: _____			
Hole depth: <u>130</u> Well depth: <u>130</u> Well grouted to a depth of <u>10</u> feet			
Type of grout (circle one): Cement Bentonite <u>Mix</u>			
Casing length: <u>120</u> feet Casing diameter: <u>2</u> inches Type of casing: <u>PVC 40</u>			
Screen length: <u>10</u> feet Screen diameter: <u>2</u> inches Type of screen: <u>PVC wrapped</u>			
Screen slot size: <u>#8</u> inches Setting depth: From <u>120</u> feet to <u>130</u> feet			
Type of completion (circle all applicable): <u>Gravel packed</u> 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.			
<u>Michael R. Jeffrey 0408</u>		<u>Michael R. Jeffrey 0408</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

RECEIVED
APR 19 2005
BY: OLWR

If well telescopes please sketch below and show depths.

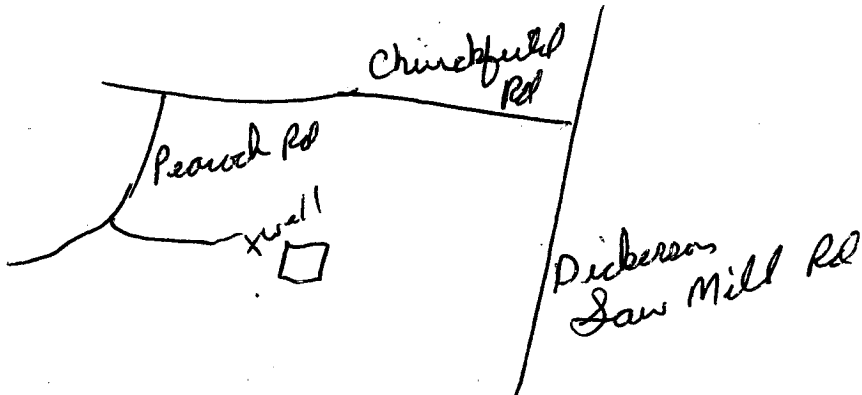
Ground Level

U-56

Description of Formations Encountered	From	To
top	0	2
gravel	2	23
clay	23	29
sand	29	60
clay	60	72
sand	72	78
clay	78	80
sand	80	130

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: James Peacock

Michael R. Jeffrey 0408
Signature of Water Well Contractor

RECEIVED
APR 19 2005
BY: OLWR

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)

For Office Use Only:

Aquifer: _____

Well #: U-56

Elevation: _____

County: Greene

Permit #: _____

Driller: Mick J. Floyd

Date completed: 4-4-05

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>JAMES PEACOCK</u>	Latitude: <u>31.00726N</u> Longitude: <u>088.29.294W</u>
Mailing Address: <u>275 Peacock Rd</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Lucedale MS 39452</u>	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>1/4 1/4 Sec 20 Twn T15 Rng R6W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>2 Miles NE of Lucedale</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input checked="" type="radio"/> Jet <input type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket <input type="radio"/> Piston <input type="radio"/> Turbine	<input checked="" type="radio"/> Electric Motor <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal <input type="radio"/> Rotary <input type="radio"/> Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>4-4-05</u>	Setting Depth: <u>100'</u> feet
Rated Pump Capacity: <u>8</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>4-4-05</u>	<input checked="" type="radio"/> Air Line <input type="radio"/> Electric Measuring Line <input type="radio"/> Steel Tape
Static Water Level (A): <u>80</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>90</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>10</u> Feet Below Land Surface	Well yielded <u>8</u> GPM with a drawdown of
Test Pumping Rate: <u>8</u> Gallons Per Minute	<u>10</u> feet after <u>1 1/2</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Print Name of Pump Installer and License No. (if applicable)

Signature of Pump Installer

RECEIVED

APR 19 2005

BY: OLWR