

# STATE WELL REPORT

*Well # 115*

County: Humphreys  
 Permit #: GW-48195  
 Driller: Tommy Penick  
 Date drilling completed: 10/19/14

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 #: J157  
 Appifer: \_\_\_\_\_  
 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.

Well Owner Information (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Pebara Hairston Partnership</u>	Latitude: <u>33° 03' 32"</u> Longitude: <u>90° 29' 46"</u>
Mailing Address: <u>P.O. Box 130</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Silver City</u> MS <u>39166</u>	USGS quad _____, Hand-held GPS <u>X</u> , Survey-grade GPS _____
City State Zip Code	<u>NE 1/4 SW 1/4, Sec 15 T 14N R 03W</u>
Telephone No. (662) <u>836-8431</u>	<u>2</u> miles <u>South</u> of <u>Silver City</u>
	(Distance) (Direction) (Nearest Town)

**Well / Borehole Data**

Date drilling started: 10/19/14 Date drilling completed: 10/19/14 Hole depth: 115 Hole diameter: 22"

Location of the source of any surface water used for drilling: Ditch just north of well site

Method of dosing and volume of Chlorine used in drilling and development: chlorinated in tank

Logs run (circle all applicable): (No log run) Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running logs: \_\_\_\_\_

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: \_\_\_\_\_ feet (above or below) land surface Date measured: \_\_\_\_\_  
 (circle one)

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 Grout Mix

Casing length: 75 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: .032 inches Setting depth: From 75 feet to 115 feet

Type of completion (circle all applicable): Grout packed Underreamed Open hole Natural Development  
 Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet

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Permit #: GW-48195

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The sketch below only required for water wells

If well telescopes, show depths on sketch

Ground Level       

Top soil + clay	25
clay	40
5' medium 5' coarse sand	10
Coarse sand	10
coarse + gravel	20
gravel	10

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

Description of Formations Encountered	From (depth)	To (depth)
Top soil + clay	Ground level	25
clay	25	65
5' medium 5' coarse sand	65	75
coarse sand	75	85
coarse + gravel	85	105
gravel	105	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

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BY: OLWR

Landowner Name: \_\_\_\_\_

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 Lic # 3409  
Print Name of Responsible Licensee and License No.

10/22/14  
Date

Tommy Peacock  
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)

### For Office Use Only:

Well #: \_\_\_\_\_  
 Aquifer: \_\_\_\_\_

County: Humphreys  
 Permit #: 6W-48195  
 Driller: Tommy Peacock  
 Date completed: 10/20/14  
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>PEBOGA Hairston Paterson</u>	Latitude: <u>33 03 32.33</u> Longitude: <u>90 29 45.77</u>
Mailing Address: <u>P.O. Box 130</u>	Method of Lat/Long (check one): Conventional Survey _____ USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>Silver City</u> <u>MS</u> <u>39166</u> City State Zip Code	<u>N/E 1/4 SW 1/4, Sec. 15 T. 14 N R. 03 W</u>
Telephone No. <u>(662) 247-4766</u>	<u>3</u> Miles <u>S</u> of <u>Silver City MS.</u> (Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**  
 Submersible  Turbine  Air Lift  Centrifugal  Flowing Well  Jet  Piston  Rotary  Other (describe): \_\_\_\_\_  
 Date Pump Installed: 10/21/14 Rated Pump Capacity: 1200 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: 30 Setting Depth: 70 feet Number of Stages: 2

**Pump Test Data for Non Flowing Well**  
 Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours  
 Static Water Level (A): 24 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: J.M. Geysor Meter Serial Number: 0660522  
 Meter Model Number/Name: \_\_\_\_\_ Type of Meter: PROPELBER  
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): \_\_\_\_\_  
 Installation Date: 10/21/14 Meter Installed by: Tommy Peacock Jr. 6W-48195  
 Is This Meter (circle one):  New  Repaired  Replacement  
*Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.*

meter is on 48195  
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Robert Byars 10/22/14 Robert Byars  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer