



County: Leflore 47330

Permit #: MS-GW-47317

For Office Use Only:

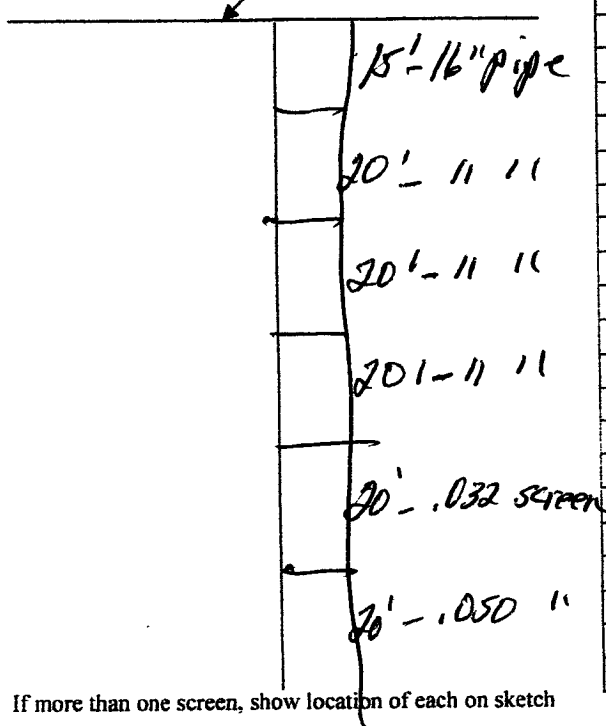
Well #: **E114**

The sketch below only required for water wells

If well telescopes, show depths on sketch.

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

Ground Level  $\swarrow$



Description of Formations Encountered	From (depth)	To (depth)
	Ground level	
top soil	0	15
Fine sand	15	45
coarse sand	45	75
coarse sand & gravel	75	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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JUL 13 2016

By OLWR

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Landowner Name: Asa Bennett

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  
Print Name of Responsible Licensee and License No.

7-10-16  
Date

Tommy Peacock Sr  
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: LEFLORE  
 Permit #: GW- ~~47317~~ 47330  
 Driller: TOMMY PEACE SR  
 Date completed: 6-24-16  
*Copy information from block on Part 1*

**For Office Use Only:**  
 Well #: E114  
 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>BARB BONKS FARMS</u>	Latitude: <u>33°43.09"</u> Longitude: <u>90°12.53"</u>
Mailing Address: <u>605 ROBERT E LEE DR</u>	Method of Lat/Long (check one): Conventional Survey _____, USGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
<u>GREENWOOD</u> <u>MS</u> <u>38930</u>	<u>SW</u> ¼ <u>SW</u> ¼, Sec <u>04</u> T <u>21N</u> R <u>01E</u>
City State Zip Code	<u>2.6</u> Miles <u>S</u> of <u>PHILLIP</u>
Telephone No. <u>602 453-0504</u>	(Distance) (Direction) (Nearest Town)

**Pump Type (circle one)**

Submersible  Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): \_\_\_\_\_

Date Pump Installed: 6-25-16 Rated Pump Capacity: 2200 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: 2

**Pump Test Data for Non Flowing Well**

Date Well Tested: \_\_\_\_\_ Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

Static Water Level (A): 28 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

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*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.*

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

DAVID P. HOLT 0-752P 7-11-16 [Signature] JUL 13 2016  
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer **By OLWR**