

### 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)954-6938 (fax)

County: Perry  
 Permit #: \_\_\_\_\_  
 Driller: Travis Boone  
 Date drilling completed: 5-12-08

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: E-51  
 L. S. Elevation: \_\_\_\_\_  
 B-log #: \_\_\_\_\_

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>B. B. PEACOCK</u>		Latitude: " " " Longitude: " " "	
Mailing Address: <u>92 Hickory Grove Church</u> <u>Richton, MS</u>		Method of Lat/Long (circle one): <u>Conventional Survey</u>	
City: _____ State: <u>MS</u> Zip Code: <u>39476</u>		USGS quad, Hand-held GPS, Survey-grade GPS	
Telephone No. ( ) _____		N 4 Sec <u>29</u> Twn <u>4N</u> Rng <u>10W</u>	
		Distance: <u>5</u> Miles Direction: <u>SW</u> of Nearest Town: <u>Richton</u>	
Well Data			
Purpose of Well (circle one): <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____			
Date well drilling started: <u>5-12-08</u>		Date well drilling completed: <u>5-12-08</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>40</u> feet above or below (circle one) land surface		Date measured: <u>5-12-08</u>	
Method of Measurement (circle one) steel tape electric tape air line other: <u>String Line</u>			
Hole depth: _____		Well depth: <u>80</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Concrete</u> Bentonite Mix			
Casing length: <u>60</u> feet		Casing diameter: <u>4</u> inches Type of casing: <u>Sch 40</u>	
Screen length: <u>20</u> feet		Screen diameter: <u>4</u> inches Type of screen: <u>Sch 40</u>	
Screen slot size: <u>8</u> inches		Setting depth: From <u>60</u> feet to <u>80</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development			
Other (describe): _____			
Top of top 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.			
Print Name of Water Well Contractor and License No. <u>Travis Boone D-514</u>		Signature of Water Well Contractor <u>Travis Boone</u>	

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FEB-11-2002 08:49P FROM:

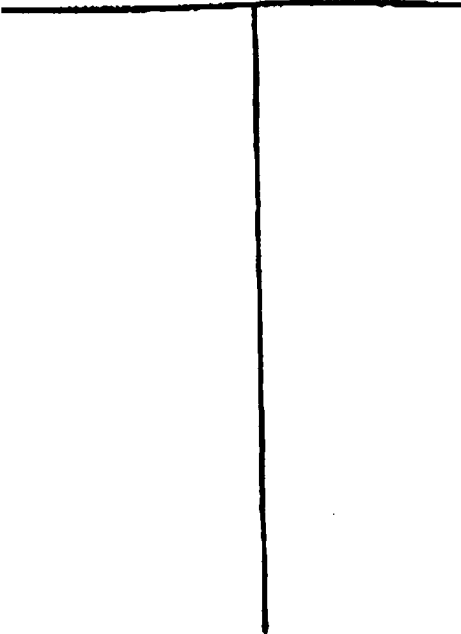
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E-51

If well telescopes please sketch below and show depths.

Ground Level



Description of Pumping Equipment	From	To
(Handwritten) (Blank)	0	5
(Handwritten) (Blank)	5	90

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: B. B. Reacock

(Signature)  
 Signature of Well Well Contractor

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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 10071  
 Jackson, MS 39208-0031  
 (601)361-3210  
 (601)334-6938 (fax)

County: Perry  
 Permit #: \_\_\_\_\_  
 Diller: Travis Boone  
 Date completed: 5-12-08

For Office Use Only  
 Asst: \_\_\_\_\_  
 Well #: E-51  
 Elevator: \_\_\_\_\_

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>B.B. Peacock</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>92 Hickory Grove Church Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Richton, MS 39476</u>	USGS quad, East-tail GPS, Survey-grade GPS
City State Zip Code	<u>4 4 Sec 29 Twp 4N Rng 10W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>5 Miles SW of Richton</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Hydraulic</u>	Diesel Engine Gasoline Engine Natural Gas
Diaphragm Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Plunging Well	Windmill Other (specify): _____
Other (specify): _____	Name Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>5-12-08</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5-12-08</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>40</u> Feet Below Land Surface	Other (specify): <u>String Line</u>
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured static in test: _____ feet
Drawdown (D) - (A): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet
Test Pumping Rate: <u>16.05</u> Gallons Per Minute	_____ feet other _____ feet of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  
Travis Boone  
 Print Name of Pump Installer and License No. (if one exists)  
Travis Boone  
 Signature of Pump Installer

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