P2

County: Quitman
Permit #: #MS-GW-49718
Driller: Tommy Peacock
Date drilling completed: 5-17-17

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 #: H158
Aquifer:
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)

Owner Name: Bob Schiele
Mailing Address: 736 Walnut st
Marks MS 38646
City State Zip Code
Telephone No. (____) _____

Well or Borehole Location

Latitude: N34° 10'13 Longitude: W 90° 15'16
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS ✓, Survey-grade GPS____
SE ¼ NW ¼, Sec 36 T 27N R 01W
____Miles ____ of ____
(*Distance*) (*Direction*) (*Nearest Town*)

Well / Borehole Data

Date drilling started: 5-17-17 Date drilling completed: 5-17-17 Hole depth: 110' 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 fillin pit
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: 26 feet [above or (below)] land surface (*circle one*) Date measured: 5-17-17
Method of measurement (*circle one*): (Steel tape) Electric tape Air line Other (*describe*): ____
Well depth: 110' Well grouted to a depth of: 10 feet Type of grout (*circle one*): Neat Cement (Bentonite) Mix
Casing length: 70 feet Casing diameter: 16 inches Type of casing: PVC
Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC
Screen slot size: 1.032 1-1050 inches Setting depth: From 70 feet to 110 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

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Forms OLWR/SWR-1A (4/13)

County: Leitman

Permit #: MS-GW-49718

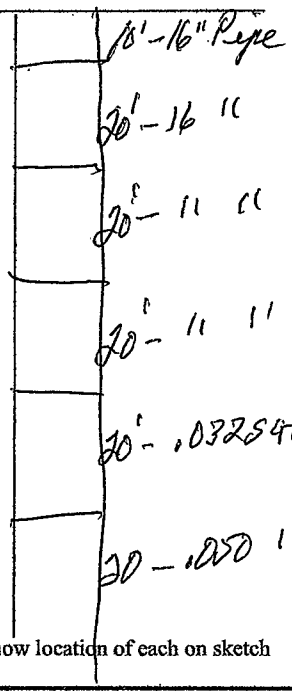
For Office Use Only:

Well #: H158

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level



If more than one screen, show location of each on sketch

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

Description of Formations Encountered	From (depth) Ground level	To (depth)
Top soil	0	15
fine sand	15	45
medium sand	45	70
coarse sand & gravel	70	110

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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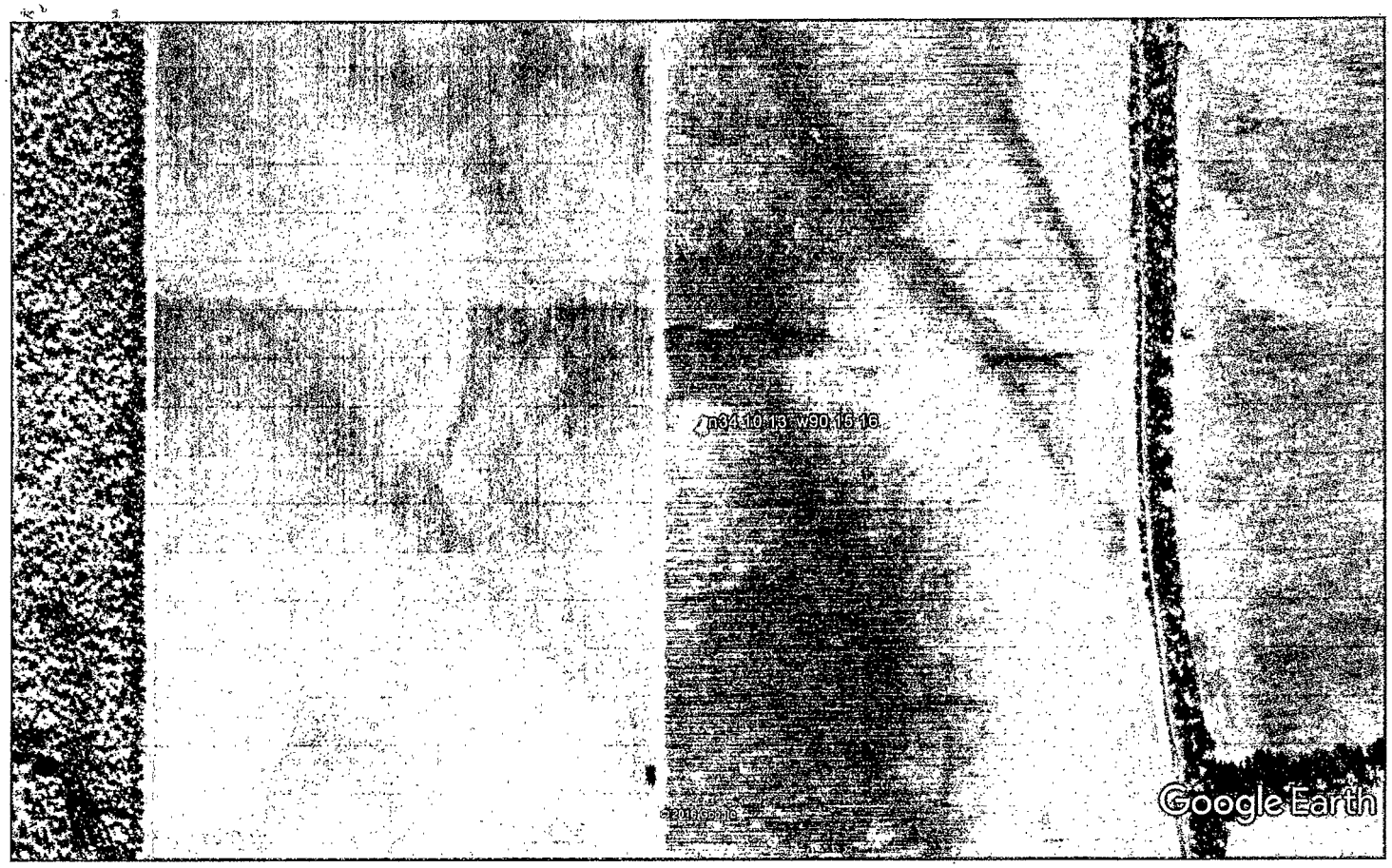
Landowner Name: Bob Schiele

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	5-20-17	Tommy Peacock Sr
Print Name of Responsible Licensee and License No.	Date	Signature of Licensee

Form: OLWR-SWR-1B (4/13)

H158



Google Earth

feet 1000
meters 500

STATE WELL REPORT

County: QUITMAN
Permit #: GW-49718 ✓
Driller: Tommy Peacock Sr
Date completed: 5-17-17
Copy information from block on Part 1

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 #: H
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

Owner Name: BOB Schiele
Mailing Address: 736 Walnut Street
Marks (City) MS (State) 38646 (Zip Code)
Telephone No. (662) 326-0166

Well Location

Latitude: 34° 10' 13" Longitude: 90° 15' 16"
Method of Lat/Long (*check one*): Conventional Survey____, USGS quad____, Hand-held GPS____, Survey-grade GPS____
SE ¼ NW ¼, Sec 36 ✓ T 27N ✓ R 01W ✓
2.5 (Distance) Miles SE (Direction) of LAMBERT (Nearest Town)

Pump Type (*circle one*)

Submersible (Turbine) Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (*describe*): _____
Date Pump Installed: 5-19-17 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: 60 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): 26 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 standards. For agricultural wells, a list of approved meters is on the MDEQ website.

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

DAVID P. HOLT O-752P (Print Name of Pump Installer and License No. (*if applicable*)) 6-2-17 (Date) [signature] (Signature of Pump Installer)

Form: OLWR-SWR-1B (4/13)

No-0998