

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
(601)961-5210
(601)961-5228 (fax)

County: Quitman
Permit #: GW-457681
Driller: Timmy Peacock Sr
Date drilling completed: 5-13-12

For Office Use Only:
Aquifer: _____
Well #: L79
L. S. Elevation: _____
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.

Information on Well Owner <i>(Landowner if borehole is not for a water well)</i>	Well or Borehole Location
Owner Name: <u>Gerald Finn</u>	Latitude: <u>34° 08' 45"</u> Longitude: <u>90° 20' 33"</u>
Mailing Address: <u>P.O. Box 5276</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>1W</u>
<u>Granbury TX 76049</u> City State Zip Code	<u>NW 1/4 NW 1/4 Sec 07 Twn 26N Rng 02W</u>
Telephone No. <u>(662) 458-3866</u>	Distance Direction Nearest Town <u>5 Miles NW of Lambert</u>

Well / Borehole Data

Date drilling started: 5-12-12 Date drilling completed: 5-13-12 Hole depth: 108' Hole diameter: 26"

Location of the source of any surface water used for drilling: Canal

Method of dosing and volume of Chlorine used in drilling and development: Poured in 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 (check 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 (check one): Home _____ Industrial _____ Public Supply _____ Irrigation Fish Culture _____ Other: _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 21 feet above or below (circle one) land surface Date measured: 5-13-12

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 108' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 68 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 inches Setting depth: From 68 feet to 108 feet

Type of completion (circle all applicable): Gravel packed 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 next page***

Form: OLWR-SWR-1A (04/08)

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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 10631
Jackson, MS 39209-0631
(601) 961-5210
(601) 934-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: L79

Elevation: _____

County: Quitman
 Permit #: GW-45768
 Driller: _____
 Date completed: 5-14-12
 Case information from 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>Gerald Finn</u>	Latitude: <u>34-08-45</u> Longitude: <u>90-20-33</u>
Mailing Address: <u>P.O. Box 5276</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Granbury TX 76049</u> City State Zip Code	UBGS quad _____, Hand-held GPS _____, Survey-grade GPS _____
Telephone No. <u>(662) 458-3866</u>	<u>NW 1/4 NW 1/4 Sec 7 T26N R1W</u>
	Distance _____ Direction _____ Nearest Town _____
	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas
Buckets <input type="checkbox"/> Piston <input type="checkbox"/> <input checked="" type="checkbox"/> Turbine	Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Home Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>5-14-12</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>2800</u> Gallons Per Minute	Number of Stages: <u>1-14"</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <input checked="" type="checkbox"/> Steel Tape
Static Water Level (A): <u>21</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured static in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

Peacock's Pump & Repair Inc Lic# 3409
 Print Name of Pump Installer and License No. (if applicable)

Tommy Peacock
 Signature of Pump Installer

Form OLWR-SWR-1B

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