

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)354-6938 (fax)

County: Sunflower
Permit #: _____
Driller: Willie Bryant
Date drilling completed: 12-15-07

For Office Use Only:
Aquifer: _____
Well #: E-126
L. S. Elevation: _____
E-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>Wayne Vick</u>	Latitude: <u>33° 46' 83" N</u> Longitude: <u>89° 38' 78" W</u>
Mailing Address: <u>216 Buckley - Jones Rd.</u>	Method of Lat/Long (circle one): <u>50</u> Conventional Survey <u>47</u>
<u>Cleveland</u> <u>MS</u> <u>38732</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>1/4</u> <u>1/4</u> Sec <u>18</u> Twn <u>22N</u> Rng <u>4W</u>
Telephone No. (<u>662</u>) <u>843-8804</u>	Distance Direction Nearest Town <u>2</u> Miles <u>NE</u> of <u>Cleveland</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Produce

Date well drilling started: 12-15-07 Date well drilling completed: 12-15-07

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

Static Water Level: 33' feet above or below (circle one) land surface Date measured: 12-15-07

Method of Measurement (circle one) steel tape electric tape air line other: Rope & weight

Hole depth: 120' Well depth: 120' Well grouted to a depth of 10' feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: .016 inches Setting depth: From 80 feet to 120 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: 0 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.

Willie L. Bryant 0-0639 Willie L. Bryant
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

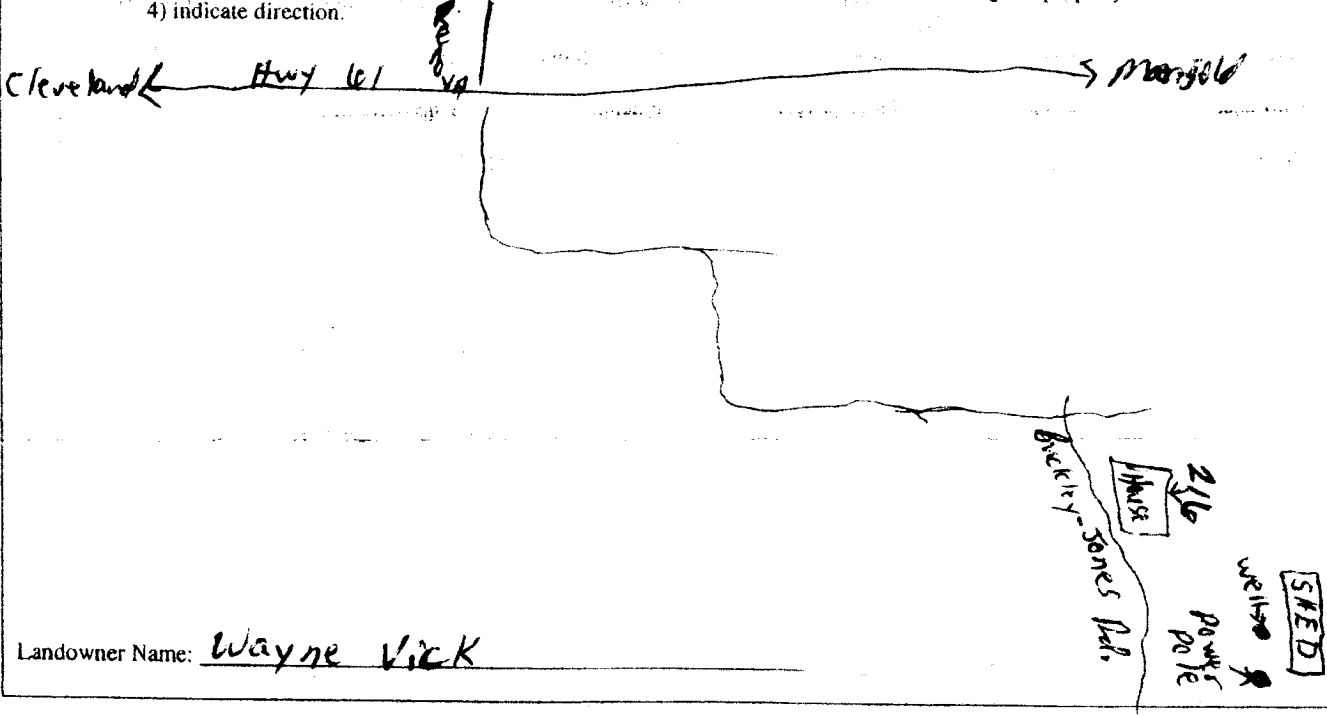
E-

Ground Level

Description of Formations Encountered	From	To
Clay	0	20
Clay + med. sand	20	40
Med. + coarse sand	40	60
Coarse sand + gravel	60	80
gravel	80	100
gravel	100	120

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: Wayne Vick

Willie L. Bryant
Signature of Water Well Contractor

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 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Sunflower
 Permit #: _____
 Driller: _____
 Date completed: 1-16-08
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: E-126
 Elevation: _____

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>Wayne Vick</u>	Latitude: <u>33°46' 8"N</u> Longitude: <u>090°38' 78"W</u>
Mailing Address: <u>216 Buckley-Jones Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>CLEVELAND, MS. 38732</u>	USGS quad _____, <u>Hand-held GPS</u> , Survey-grade GPS _____
City State Zip Code	_____ ¼ _____ ¼ Sec <u>18</u> T <u>72N</u> R <u>4W</u>
Telephone No. <u>(662) 843-8804</u>	Distance Direction Nearest Town
	<u>2</u> Miles <u>NE</u> of <u>CLEVELAND</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<u>Electric Motor</u> <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3HP</u>
Date Pump Installed: <u>1-16-08</u>	Setting Depth: <u>84'</u> feet
Rated Pump Capacity: <u>45</u> Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> <u>Steel Tape</u>
Static Water Level (A): <u>42'</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut 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 0-728P Tommy Peacock Sr.
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer