

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: Sunflower
Permit #: _____
Driller: Willie Bryant
Date drilling completed: 5-15-11

For Office Use Only:
Aquifer: E 143
Well #: _____
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 (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Angie Gregory</u>	Latitude: <u>33° 47' 00"</u> Longitude: <u>090° 38' 40"</u>
Mailing Address: <u>24 Gregory Lane</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
<u>Cleveland MS 38732</u> City State Zip Code	<u>NE 1/4 NE 1/4 Sec 18</u> Twn <u>22N</u> Rng <u>4W</u>
Telephone No. <u>(662) 843-7327</u>	Distance <u>2</u> Miles Direction <u>E</u> of Nearest Town <u>Kenova</u>

Well / Borehole Data

Date drilling started: 5-15-11 Date drilling completed: 5-15-11 Hole depth: 100' Hole diameter: 7"

Location of the source of any surface water used for drilling: hauled water from shallow well
Method of dosing and volume of Chlorine used in drilling and development: Chlorine Tablets

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: Gardening

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

Static Water Level: 33 feet above of below (circle one) land surface Date measured: 5-15-11

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

Well depth: 100' Well grouted to a depth of 12 feet Type of grout (circle one): Neat Cement Bentonite Mix

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

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: .016 inches Setting depth: From 80 feet to 100 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 next page*

Drilled for: Peacock Pump Repair
(662) 721-0793

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

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BY: OLWR

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) 254-0938 (fax)

For Office Use Only:

Applicator: E143
Well #: _____
Elevation: _____

County: Sunflower
Permit #: _____
Driller: _____
Date completed: 5-20-11
Case information from Mark on 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>Angie Gregory</u>	Latitude: <u>N 37° 47' 00" W</u> Longitude: <u>W 90° 38' 40" W</u>
Mailing Address: <u>24 Gregory Lane</u>	Method of Lat/Long (check one): <input type="checkbox"/> Conventional Survey
<u>Cleveland MS 38732</u> City State Zip Code	<input type="checkbox"/> UGGS quad <input type="checkbox"/> Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS
Telephone No. <u>(601) 843-7327</u>	NE $\frac{1}{4}$ NE $\frac{1}{4}$ Sec <u>18</u> T <u>22N</u> R <u>4W</u>
	Distance Direction Nearest Town <u>2</u> Miles <u>E</u> of <u>Penova</u>

Pump Type Circle one	Power Type Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <input checked="" type="checkbox"/> <u>Submersible</u>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Basinet <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<input checked="" type="checkbox"/> <u>Electric Motor</u> <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>5</u>
Date Pump Installed: <u>5-20-11</u>	Setting Depth: <u>84</u> feet
Rated Pump Capacity: <u>60</u> Gallons Per Minute	Number of Stages: <u>9</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"/> <u>Steel Tape</u>
Static Water Level (A): <u>33</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 #UNR-3409 Tommy Peacock Jr
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form OLWR-100-10-01 RECEIVED

JUN 13 2011
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