

NOV-07-2005 14:53 From:

6628431717

To: 360 0535

P.2/3

### 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)

#### For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: A-103  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Bolivar  
 Permit #: 6W40436  
 Driller: Mike Wells  
 Date drilling completed: 11-3-05

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>Allendale Planting Co.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 63</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Shelby, MS 38774</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 SW 1/4 Sec 10 Twn 25N Rng 6W</u>
Telephone No. ( <u>662</u> ) <u>398-5121</u>	Distance Direction Nearest Town
	<u>1/2</u> Miles <u>WEST</u> of <u>DUNCAN</u>

#### Well Data

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

Date well drilling started: 11-3-05 Date well drilling completed: 11-3-05

If flowing, method of flow regulation: Valve N/A Other (describe) \_\_\_\_\_

Static Water Level: 25 feet above or below (circle one) land surface Date measured: 11-7-05

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

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: 16" inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16" inches Type of screen: PVC

Screen slot size: 0.050 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: N/A 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.

Thomas G. Chrestman 0-703 Thomas G. Chrestman  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

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 BY: OLWR



NOV-08-2005 16:32 From:

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To: 360 0535

P.2/2

### 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: Bolivar  
 Permit #: 6W 40436  
 Driller: Mike Wells  
 Date completed: 11-3-05

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: A  
 Elevation: \_\_\_\_\_

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>Allendale Planting Co.</u>	Latitude: _____ Longitude: _____
Mailing Address: _____ <u>P.O. Box 63</u> <u>Shelby, MS 38774</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>10</u> Twn <u>25N</u> Rng <u>6W</u>
Telephone No. <u>(662) 398-5121</u>	Distance Direction Nearest Town <u>4</u> miles <u>West</u> of <u>Duncan</u>

<u>Pump Type</u> Circle one	<u>Power Type</u> Circle one
Air Lift Jet Submersible	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>70</u>
Date Pump Installed: <u>11-7-05</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>Not tested</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>25</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface	Well yielded <u>N/A</u> GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	

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

Thomas G. Christman 0-703  
 Print Name of Pump Installer and License No. (if applicable)

Thomas G. Christman  
 Signature of Pump Installer

# 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: Bolivar  
 Permit #: \_\_\_\_\_  
 Driller: Mike Wells  
 Date drilling completed: 11-3-05

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: A-103  
 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>Allendale Planting Co.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 63</u>	Method of Lat/Long (circle one): <input type="checkbox"/> Conventional Survey, <input type="checkbox"/> USGS quad, <input type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
<u>Shelby, MS 38774</u>	<u>NE 1/4 Sec 11A Twn 25N Rng 6W</u>
City: _____ State: _____ Zip Code: _____	Distance: _____ Miles Direction: <u>WEST</u> of Nearest Town: <u>OLMSTEAD</u>
Telephone No: <u>(601) 398-5121</u>	

**Well Data**

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

Date well drilling started: 11-3-05 Date well drilling completed: \_\_\_\_\_

If flowing, method of flow regulation: Valve N/A Other (describe): \_\_\_\_\_

Static Water Level: 25 feet above or below (circle one) land surface Date measured: NOV 14 2005

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

Hole depth: 120' Well depth: 120' Well grouped: YMD JOINT WATER MANAGEMENT DISTRICT

Type of grout (circle one): Cement bentonite Mix \_\_\_\_\_

Casing length: 80 feet Casing diameter: 16" inches Type of casing: PVC

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Thomas G. Chrestman 0-703 Thomas G. Chrestman  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

40436