

County: Bolivar  
 Permit #: \_\_\_\_\_  
 Driller: Irrigation Equipment  
 Date drilling completed: 6-11-09

# 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 #: C168  
 L. S. Elevation: 152  
 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>Perthshire Farms</u>	Latitude: <u>33° 58' 08"</u> Longitude: <u>90° 53' 47"</u>
Mailing Address: <u>40 Charlie Sullivan</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>P.O. Box 98</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Inverness Ms. 38753</u>	<u>NE 1/4 SW 1/4 Sec 2 Twn 24N Rng 7W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>4</u> Miles Direction: <u>NE</u> of Nearest Town: <u>Gunnison</u>
Telephone No. <u>662-265-5209</u>	

Well Data

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

Date well drilling started: 6-11-09 Date well drilling completed: 6-11-09

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

Static Water Level: 26 feet above of below (circle one) land surface Date measured: 6-16-09

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

Hole depth: 115 Well depth: 115 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 75 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .050 inches Setting depth: From 74 feet to 113 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 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.

Irrigation Equipment Inc.  
John P. Chism 0439

Print Name of Water Well Contractor and License No. \_\_\_\_\_ Signature of Water Well Contractor [Signature]

Replacement for 0012720

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If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	To
Clay	0	26
Fine Sand	27	49
Fine Sand + Gravel	50	56
Medium Sand + Gravel	57	112
Fine Sand	113	115

Blank  
2'

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: Perthshire Farms

*Jall*  
Signature of Water Well Contractor

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

County: Belivar  
 Permit #: \_\_\_\_\_  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 6-11-09

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: C168  
 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>Pershire Farms</u>	Latitude: <u>33° 58' 08"</u> Longitude: <u>90° 53' 47"</u>
Mailing Address: <u>c/o Charlie Sullivan</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>P.O. Box 98</u>	USGS quad, Hand-held GPS, Survey-grade GPS.
<u>Inverness Ms. 38753</u>	<u>NE</u> 1/4 <u>SW</u> 1/4 Sec <u>2</u> Twn <u>24N</u> Rng <u>TW</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>4</u> Miles <u>NE</u> of <u>Gunnison</u>

Pump Type Circle one	Power Type 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>60</u>
Date Pump Installed: <u>6-16-09</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2300 ±</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line                      Electric Measuring Line                      Steel Tape
Static Water Level (A): _____ 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
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

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

John P. Chism                      0439  
 Print Name of Pump Installer and License No. (if applicable)                      Signature of Pump Installer

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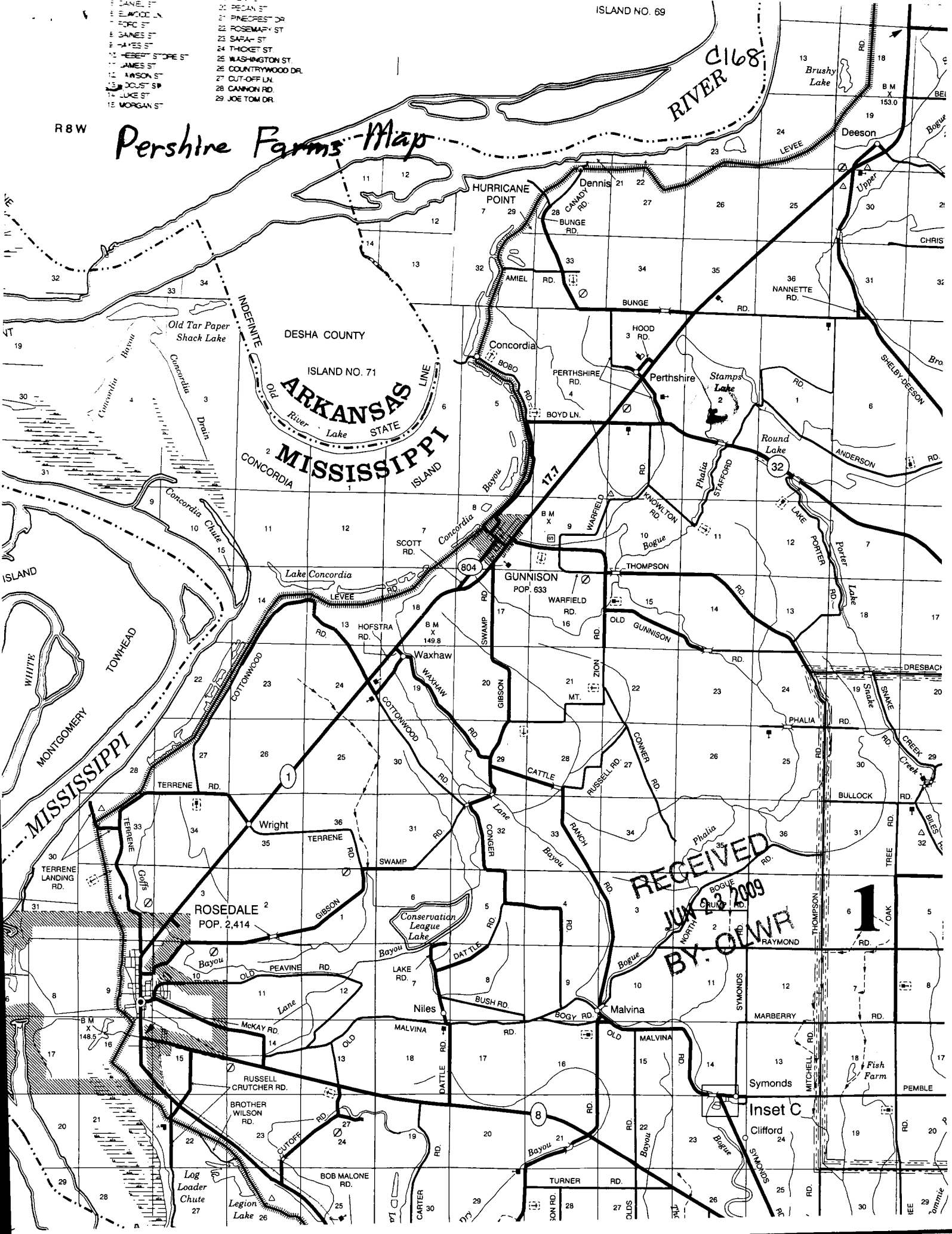
- 1 DANIEL ST
- 2 DEAR ST
- 3 ELWOOD LN
- 4 FORD ST
- 5 GAINES ST
- 6 JAMES ST
- 7 HERBERT STORE ST
- 8 JAMES ST
- 9 WILSON ST
- 10 DOUST ST
- 11 LAKE ST
- 12 MORGAN ST
- 13 BEAN ST
- 14 PINECREST DR
- 15 ROSEMARY ST
- 16 SAFA ST
- 17 THICKET ST
- 18 WASHINGTON ST
- 19 COUNTRYWOOD DR
- 20 CUT-OFF LN
- 21 CANNON RD
- 22 JOE TOM DR

ISLAND NO. 69

R8W

# Pershine Farms Map

C168  
RIVER



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