

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 #: C1689  
 L. S. Elevation: 151  
 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>Pertshire Farms</u> Mailing Address: <u>C/O Charlie Sullivan</u> <u>P.O. Box 98</u> <u>Inverness Ms. 38753</u> <small>City State Zip Code</small> Telephone No. <u>(602) 265-5209</u>	Latitude: <u>33° 57' 41"</u> Longitude: <u>90° 54' 01"</u> Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS <u>NW 1/4 SW 1/4 Sec 2 Twn 24N Rng 7W</u> <small>IR</small> Distance <u>3</u> Miles Direction <u>NE</u> of Nearest Town <u>Gunnison</u>
Well Data	
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____	
Date well drilling started: <u>6-11-09</u> Date well drilling completed: <u>6-11-09</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>24</u> feet above or below (circle one) land surface Date measured: <u>6-16-09</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____	
Hole depth: <u>122</u> Well depth: <u>122</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>92</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>30</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>.050</u> inches Setting depth: From <u>See back</u> feet to _____ feet	
Type of completion (circle all applicable): <u>Gravel packed</u> 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) <u>No log run</u> 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. <u>Irrigation Equipment Inc.</u> <u>John P. Chism 0439</u> Print Name of Water Well Contractor and License No. _____ Signature of Water Well Contractor 	

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BY: \_\_\_\_\_



# 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 #: \_\_\_\_\_  
 Irrigation Equipment  
 Diller: \_\_\_\_\_  
 Date completed: 6-11-09

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: C169  
 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>Perthshire Farms</u>	Latitude: <u>33° 57' 41"</u> Longitude: <u>90° 54' 01"</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>NW 1/4 SW 1/4 Sec 2 Twn 24N Rng 7W</u>
City State Zip Code	<u>IR</u> Distance Direction Nearest Town
Telephone No. ( ) _____	<u>3</u> Miles <u>NE</u> of <u>Gunnison</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> <u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>25</u>
Date Pump Installed: <u>6-16-09</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1100±</u> Gallons Per Minute	Number of Stages: <u>1</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 _____ 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.

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

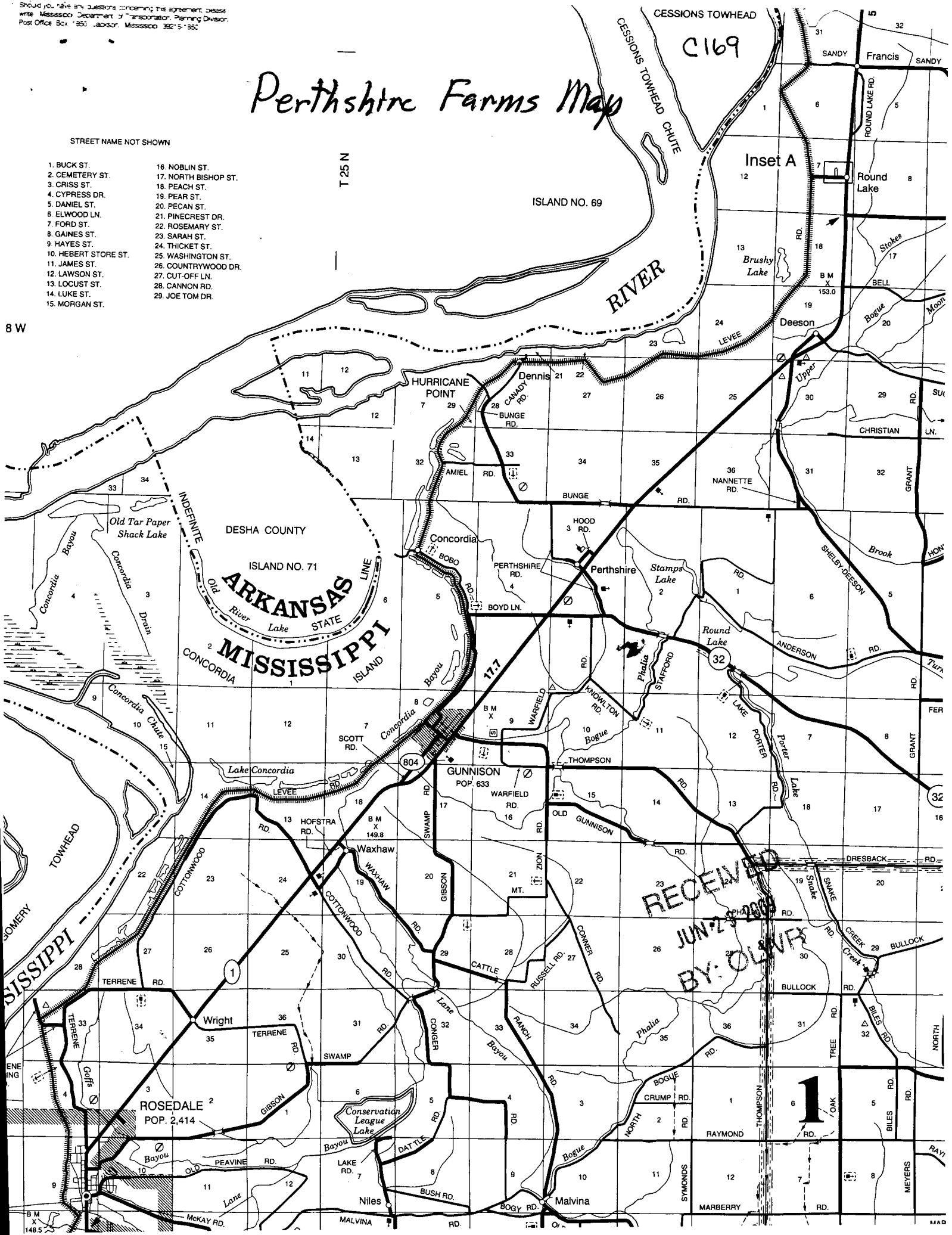
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# Perthshire Farms Map

STREET NAME NOT SHOWN

- |                       |                      |
|-----------------------|----------------------|
| 1. BUCK ST.           | 16. NOBLIN ST.       |
| 2. CEMETERY ST.       | 17. NORTH BISHOP ST. |
| 3. CRISS ST.          | 18. PEACH ST.        |
| 4. CYPRESS DR.        | 19. PEAR ST.         |
| 5. DANIEL ST.         | 20. PECAN ST.        |
| 6. ELWOOD LN.         | 21. PINECREST DR.    |
| 7. FORD ST.           | 22. ROSEMARY ST.     |
| 8. GAINES ST.         | 23. SARAH ST.        |
| 9. HAYES ST.          | 24. THICKET ST.      |
| 10. HEBBERT STORE ST. | 25. WASHINGTON ST.   |
| 11. JAMES ST.         | 26. COUNTRYWOOD DR.  |
| 12. LAWSON ST.        | 27. CUT-OFF LN.      |
| 13. LOCUST ST.        | 28. CANNON RD.       |
| 14. LUKE ST.          | 29. JOE TOM DR.      |
| 15. MORGAN ST.        |                      |

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1