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# 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:

Acquifer: GW-39772  
Well #: D-133  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Bolivar *oil*  
Permit #: GW39772  
Driller: Elgin Smith  
Date drilling completed: 7/16/04

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>Jeff Ming</u>	Latitude: <u>33° 55' 38"</u> Longitude: <u>90° 46' 33"</u>
Mailing Address: <u>Ming Planting Co</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Rt. 1, Box 466</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Shelby, MS 38774</u>	<u>NW</u> ¼ <u>SW</u> ¼ Sec <u>22</u> Twn <u>24N</u> Rng <u>6W</u>
City State Zip Code	<u>13</u>
Telephone No. ( <u>662</u> ) <u>721-6613</u>	Distance Direction Nearest Town
	<u>2.5</u> Miles <u>SW</u> of <u>Shelby</u>

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Well Data

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

Date well drilling started: 7/16/04 Date well drilling completed: 7/16/04

If flowing, method of flow regulation: Valve n/a Other (describe) n/a

Static Water Level: 38 feet above or below (circle one) land surface Date measured: 7/17/04

Method of Measurement (circle one) steel tape electric tape air line other: n/a

Hole depth: 122' Well depth: 118' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 78 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 78 feet to 118 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
Other (describe): n/a

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: n/a

Name of organization running log(s): n/a

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

Print Name of Water Well Contractor and License No.

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)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: D-133

Elevation: \_\_\_\_\_

County: Bolivar

Permit #: \_\_\_\_\_

Driller: Elgyn Smith

Date completed: 7/16/04

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

Owner Name: Jeff Ming

Mailing Address: Ming Planting Co.  
Rt 1, Box 466  
Shelby MS 38774  
City State Zip Code

Telephone No. (662) 721-6613

### Well Location

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

\_\_\_\_\_ ¼ \_\_\_\_\_ ¼ Sec 22 Twn 24N Rng 6W

Distance Direction Nearest Town

2.5 Miles SW of Shelby

### Pump Type

Circle one

Air Lift Jet Submersible  
Bucket Piston Turbine  
Centrifugal Rotary Flowing Well

Other (specify): \_\_\_\_\_

Date Pump Installed: 7/20/04

Rated Pump Capacity: 1250 Gallons Per Minute

### Power Type

Circle one

Diesel Engine Gasoline Engine Natural Gas  
Electric Motor Hand Tractor PTO  
Windmill Other (specify): \_\_\_\_\_

Horse Power Rating of Motor: \_\_\_\_\_

Setting Depth: 70 feet

Number of Stages: 3

### Pump Test Data

Date Well Tested: Not tested

Static Water Level (A): 38 Feet Below Land Surface

Pumping Water Level (B): \_\_\_\_\_ Feet Below Land Surface

Drawdown [(B) - (A)]: \_\_\_\_\_ Feet Below Land Surface

Test Pumping Rate: \_\_\_\_\_ Gallons Per Minute

Duration of Pump Test (minimum 4 hours): \_\_\_\_\_ hours

### Method of Measuring Water Level

Circle one

Air Line Electric Measuring Line Steel Tape

Other (specify): \_\_\_\_\_

For flowing well, measured shut in head: \_\_\_\_\_ feet

Well yielded Not Tested GPM with a drawdown of

\_\_\_\_\_ feet after \_\_\_\_\_ hours of pumping

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

Thomas G. Christman N/A  
Print Name of Pump Installer and License No. (if applicable)

Thomas G. Christman  
Signature of Pump Installer

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