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State Well Report Part I

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: J. NEWCOME 0-773
 Date drilling completed: 5-22-09

For Office Use Only:
 Aquifer: _____
 Well #: F 299
 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. **RECEIVED**

Well Owner Information
 Owner Name: Pair-A-Dice Farm Inc
 Mailing Address: 1/2 Agriworld
1427 S. Main, Suite 153
Greenville, MS 38701
 City State Zip Code
 Telephone No. () _____

Well Location 8-7-09
 Latitude: 33° 49' 24" N Longitude: 90° 28' 30" W
 Method of Lat/Long (circle one): Conventional Survey
 Hand-held GPS Survey-grade GPS
 USGS quad: SE SW 1/4 NE 1/4 Sec 524 Twn 23N Rng 7W
 Distance Direction Nearest Town
5 Miles SE of ROSEDALE

Well Data
 Purpose of Well (circle one): Home Industrial Public Supply Irrigation Fish Culture Other: _____
 Date well drilling started: 5-22-09 Date well drilling completed: 5-22-09
 If flowing, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____
 Method of Measurement (circle one): steel tape electric tape air line other: _____
 Hole depth: 133 Well depth: 130 Well grouted to a depth of 10 feet
 Type of grout (circle one): Cement Bentonite Mix
 Casing length: 95 feet Casing diameter: 16 inches Type of casing: PVC
 Screen length: 35 feet Screen diameter: 16 inches Type of screen: PVC
 Screen slot size: .050 inches Setting depth: From 95 feet to 130 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.

JOHN NEWCOME 0-773
 Print Name of Water Well Contractor and License No.

John Newcome
 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: Bolivar
Permit #: _____
Driller: S. Newcome 0-773
Date completed: 5-22-09

For Office Use Only:

Aquifer: _____
Well #: F 299
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>Pair-A-Dice Farm Inc</u>	Latitude: <u>33° 49' 24"</u> Longitude: <u>90° 58' 30"</u>
Mailing Address: <u>% Agriworld</u> <u>1427 S. Main Suite 153</u> <u>Greenville ms 38701</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey.
Telephone No. () _____	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
	SE SE Hand-held GPS Survey-grade GPS SW NE ¼ Sec <u>S24</u> Twn <u>23N</u> Rng <u>7W</u> <u>8W</u>
	Distance Direction Nearest Town <u>S</u> Miles <u>SE</u> of <u>Rosedale</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <u>Turbine</u>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>6/20/09</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2000</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 _____ 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.

Comp Rowe 0-741P
Print Name of Pump Installer and License No. (if applicable)

[Signature]
Signature of Pump Installer