

# State Well Report

## Part 1

For Office Use Only:

County: Bolivar  
 Permit #: MS-GW-39848  
 Driller: Clyde Smith  
 Date drilling completed: 10/8/04

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)

Aquifer: \_\_\_\_\_  
 Well #: G-204  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

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**MID-SOUTH WATER AND MACHINE WORKS, LLC**

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>Raymer Planting Co.</u>	Latitude: <u>33° 52' 38"</u> Longitude: <u>90° 47' 05"</u>
Mailing Address: _____ <u>P.O. Box 325</u> <u>Merigold MS 38759</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>NE 1/4 NE 1/4 Sec 2 Twn 23N Rng 6W</u>
Telephone No. <u>(662) 748-2245</u>	Distance <u>3 1/2</u> Miles Direction <u>W</u> of Nearest Town <u>Mound Bayou</u>

**Well Data**

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

Date well drilling started: 10/8/04 Date well drilling completed: 10/8/04

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

Static Water Level: 45' feet above or below (circle one) land surface Date measured: 10/8/04

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

Hole depth: 123' Well depth: 123' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 73 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0.050 inches Setting depth: From 73 feet to 123 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): N/A

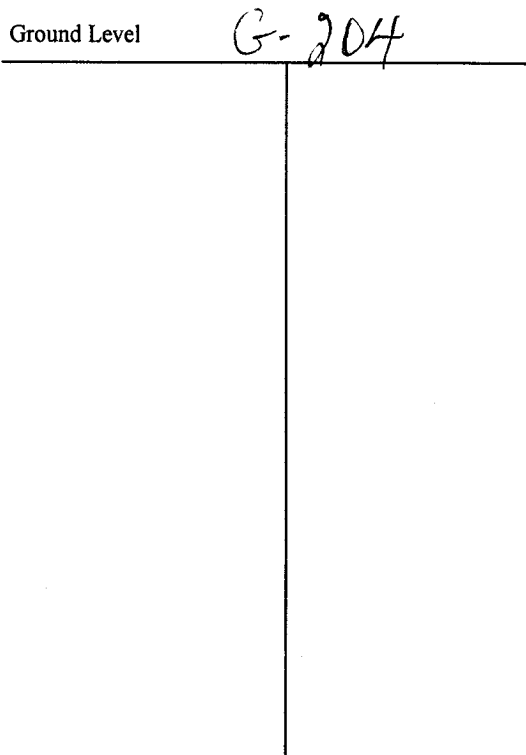
**RECEIVED**  
 OCT 28 2004  
 BY: OLWR

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.

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

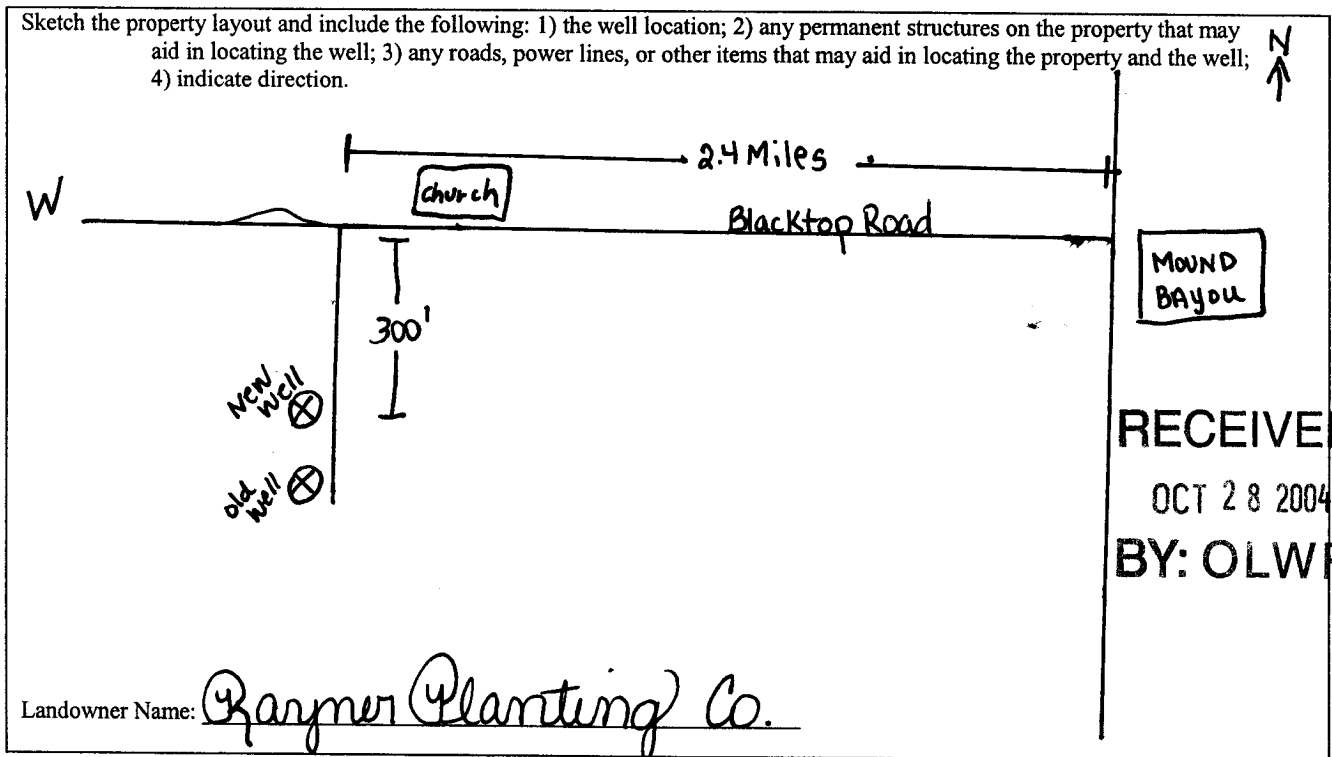
GW-5293

If well telescopes please sketch below and show depths.



Description of Formations Encountered	From	To
Clay	0	20
Sand, Brown	20	40
Coarse Sand	40	60
Sand + Gravel	60	123
ROCK	123	

If more than one screen, show location of each on sketch



Sammy Chelmer  
Signature of Water Well Contractor

\* This well replaces old well located 75' South of New well.

# 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 #: G-204

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

County: Bolivar  
 Permit #: GW 39848  
 Driller: Clayton Smith  
 Date completed: 10/8/04

**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	Well Location
Owner Name: <u>Grayner Planting Co.</u>	Latitude: _____ Longitude: _____
Mailing Address: _____ <u>P.O. Box 325</u> <u>Merigold MS 38759</u> <small>City State Zip Code</small>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS _____ 1/4 _____ 1/4 Sec <u>2</u> Twn <u>23N</u> Rng <u>6W</u>
Telephone No. <u>(662) 748-2245</u>	Distance Direction Nearest Town <u>3 1/2</u> Miles <u>W</u> of <u>Mound Bayou</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>10/27/04</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1500</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>Well Not Tested</u>	Air Line            Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>44</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 _____ 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. Chestman 0-703  
 Print Name of Pump Installer and License No. (if applicable)

Thomas Chestman  
 Signature of Pump Installer

**RECEIVED**

NOV 05 2004  
 BY: OLWR