

Apr 20 05 08:54a

Mid-South Water

(662) 843-1717

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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:

Aquifer: \_\_\_\_\_  
 Well #: G-207  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Bolivar  
 Permit #: GW-48144  
 Driller: Mike Wells  
 Date drilling completed: 4-8-05

Mid-South Water & Machine Works, 22C

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>Pemble Farms</u>	Latitude: <u>N33° 50' 48"</u> Longitude: <u>W098° 48' 06"</u>
Mailing Address: <u>P.O. Box 428</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Merigold, ms 38759</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 15 Twn 23N Rng 6W</u>
Telephone No. <u>662 748-2339</u>	Distance Direction Nearest Town <u>3.5 Miles W of Merigold</u>

#### Well Data

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

Date well drilling started: 4-8-05 Date well drilling completed: \_\_\_\_\_

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

Static Water Level: 43 feet above or below (circle one) land surface Date measured: 4/18/05

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 75 feet to 115 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): \_\_\_\_\_

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. Christman 0903  
 Print Name of Water Well Contractor and License No.

Thomas G. Christman  
 Signature of Water Well Contractor

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Mid-South Water

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**BW - 40144**

**G-207**

If well telescopes please sketch below and show depths.

Ground Level

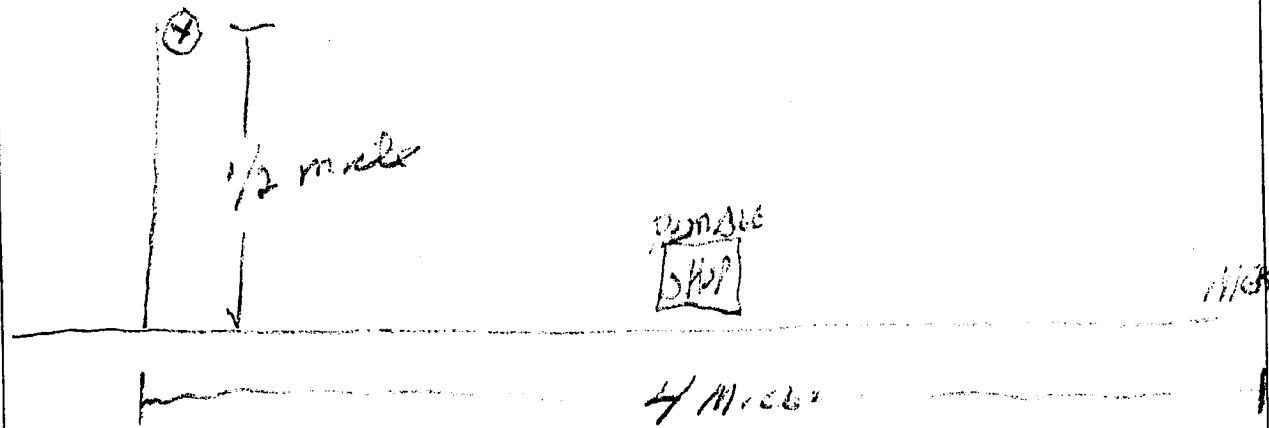
N/A

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Description of Formations Encountered	From	To
Clay	0	14
Fine Sand	14	24
Med. Sand	24	34
Med. Sand	34	44
Med. Sand	44	49
Coarse Sand	49	54
Coarse Sand & Gravel	54	64
Coarse Sand & Gravel	64	74
Coarse Sand & Gravel	74	115

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: Pence Alan

*[Handwritten Signature]*

Signature of Water-Well Contractor

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Mid-South Water

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# STATE WELL REPORT

## Part 2

County: Bolivar  
 Permit #: GW 40144  
 Driller: Mike Well  
 Date completed: 4/8/05

**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-207  
 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>Pemble Farms</u>	Latitude: <u>N 33° 50.809'</u> Longitude: <u>W 90° 48.108'</u>
Mailing Address: <u>PO Box 428</u> <u>Merigold, MS 38759</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>(Hand-held GPS)</u> , Survey-grade GPS
City _____ State _____ Zip Code _____	<u>1/4</u> <u>1/4</u> Sec <u>15</u> Twn <u>23n</u> Rng <u>6w</u>
Telephone No. <u>(662) 748-2339</u>	Distance _____ Direction _____ Nearest Town _____
	<u>3.5</u> Miles <u>W</u> of <u>Merigold</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>60</u>
Date Pump Installed: <u>4/18/05</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>Not Tested</u>	Air Line      Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>43'1"</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 <u>N/A</u> 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. Christman 0-703  
 Print Name of Pump Installer and License No. (if applicable)

Thomas G. Christman  
 Signature of Pump Installer