

Beulah Lobk 11

# 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 #: K-91  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Bolivar  
Permit #: GW-39841  
Driller: Clayton Smith  
Date drilling completed: 9/2/04  
Mid-South Water Machine Wash, 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>Silver Farm Partnership</u>	Latitude: <u>33° 45' 38"</u> Longitude: <u>90° 57' 53"</u>
Mailing Address: <u>P.O. Box 77</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Beulah, MS 38726</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 NW 1/4 Sec 18 Twn 22N Rng 7W</u>
Telephone No. <u>(662) 588-6619</u>	Distance Direction Nearest Town
	<u>2 Miles SE of Beulah, MS</u>

### Well Data

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

Date well drilling started: 9/2/04 Date well drilling completed: 9/2/04

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

Static Water Level: 31 feet above or below (circle one) land surface Date measured: 9/2/04

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

Hole depth: 126' Well depth: 126' Well grouted to a depth of 10'

Type of grout (circle one): Cement Bentonite Mix

Casing length: 76 feet Casing diameter: 16 inches Type of casing: PVC

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

Screen slot size: .050 inches Setting depth: From 76 feet to 126 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 - 8 2004  
JOINT WATER MANAGEMENT DISTRICT  
**RECEIVED**  
SEP 13 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.

Thomas G. Christman 0-703 Thomas G. Christman  
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

N/A

If well telescopes please sketch below and show depths.

MSGW 39841

Ground Level

K-99

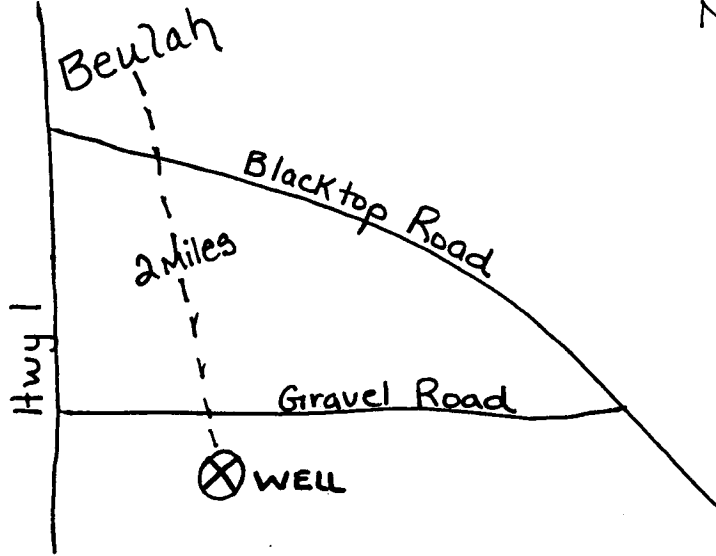
Description of Formations Encountered

From To

Description of Formations Encountered	From	To
Clay	0	4
Sandy Clay	4	20
Clay Sand	20	35
Coarse Sand	35	60
Coarse Sand, Pea Gravel	60	85

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.



NOTE: Replaces old 16" well.

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BY: OLWR

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OCT 8 2004

Landowner Name: Siller Farm Partnership

*Thomas C. Chestnut*  
Signature of Water Well Contractor

YMD JOINT WATER MANAGEMENT DISTRICT

Mid-South Water

# 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 #:	<u>K-99</u>
Elevation:	_____

County:	<u>Bolivar</u>
Permit #:	<u>MS GW-39841</u>
Driller:	<u>Clayn Smith</u>
Date completed:	<u>9/2/04</u>

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

<p align="center"><b>Well Owner Information</b></p> <p>Owner Name: <u>Siller Farms Partnership</u></p> <p>Mailing Address: <u>Route 1, Box 77</u></p> <p align="center"><u>Beulah, MS 38726</u></p> <p align="center">City                      State                      Zip Code</p> <p>Telephone No. <u>(662) 588-6619</u></p>	<p align="center"><b>Well Location</b></p> <p>Latitude: _____ Longitude: _____</p> <p>Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS</p> <p>_____ 1/4 _____ 1/4 Sec <u>18</u> Twn <u>22N</u> Rng <u>7W</u></p> <p>Distance                      Direction                      Nearest Town</p> <p><u>2</u> Miles <u>SE</u> of <u>Beulah, MS</u></p>
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<p align="center"><b>Pump Type</b> Circle one</p> <p>Air Lift                      Jet                      <u>Submersible</u></p> <p>Bucket                      Piston                      Turbine</p> <p>Centrifugal                      Rotary                      Flowing Well</p> <p>Other (specify): _____</p> <p>Date Pump Installed: <u>9/15/04</u></p> <p>Rated Pump Capacity: <u>2300</u> Gallons Per Minute</p>	<p align="center"><b>Power Type</b> Circle one</p> <p>Diesel Engine                      Gasoline Engine                      Natural Gas</p> <p><u>Electric Motor</u>                      Hand                      Tractor PTO</p> <p>Windmill                      Other (specify): _____</p> <p>Horse Power Rating of Motor: <u>50</u></p> <p>Setting Depth: <u>70</u> feet</p> <p>Number of Stages: <u>1</u></p>
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<p align="center"><b>Pump Test Data</b></p> <p align="center"><b>NOT TESTED</b></p> <p>Date Well Tested: _____</p> <p>Static Water Level (A): <u>31</u> Feet Below Land Surface</p> <p>Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface</p> <p>Drawdown [(B) - (A)]: <u>N/A</u> Feet Below Land Surface</p> <p>Test Pumping Rate: <u>N/A</u> Gallons Per Minute</p> <p>Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours</p>	<p align="center"><b>Method of Measuring Water Level</b> Circle one</p> <p>Air Line                      Electric Measuring Line                      <u>Steel Tape</u></p> <p>Other (specify): _____</p> <p>For flowing well, measured shut in head: <u>N/A</u> feet</p> <p>Well yielded <u>N/A</u> GPM with a drawdown of _____ feet after _____ hours of pumping</p>
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I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Tommy G. Chrestman                      Tommy Chrestman

Print Name of Pump Installer and License No. (if applicable)                      Signature of Pump Installer