

Maxwell

# 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: R 2/2  
Well #: \_\_\_\_\_  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: BOUVAR  
Permit #: GW 44005  
Driller: J. NEWCOME 0-773  
Date drilling completed: 6-2-10

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>Maxwell Farms</u>	Latitude: <u>33° 35' 07" N</u> Longitude: <u>90° 09' 48" W</u>
Mailing Address: <u>907 Hwy 448</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Benoit</u> MS <u>38725</u>	USGS quad, <u>(Hand-held GPS)</u> Survey-grade GPS
City State Zip Code	<u>SW 1/4 SW 1/4</u> Sec <u>12</u> Twn <u>20N</u> Rng <u>8W</u>
Telephone No. ( ) _____	<u>SE NE</u> Distance Direction Nearest Town <u>5</u> Miles <u>E</u> of <u>SCOTT</u>

**Well Data**

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

Date well drilling started: 6-2-10 Date well drilling completed: 6-2-10

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: 103 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 60 feet Casing diameter: 16 inches Type of casing: Pvc

Screen length: 40 feet Screen diameter: 16 inches Type of screen: Pvc

Screen slot size: 0.50 inches Setting depth: From 60 feet to 100 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.

[Signature]  
Signature of Water Well Contractor

There is a well located at this lat/long, but no permit matches.

RECEIVED

AUG 18 2010

BY: OLWF



# 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 #: GW 44005  
 Driller: J. Newcome O-773  
 Date completed: 6-2-10

For Office Use Only:

Aquifer: R212  
 Well #: \_\_\_\_\_  
 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>Maxwell Farms</u>	Latitude: <u>33° 35.07</u> Longitude: <u>90° 59.08</u>
Mailing Address: <u>907 Nwy 448</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
	USGS quad <u>Hand-held GPS</u> Survey-grade GPS
<u>Benoit</u> MS <u>38725</u>	<u>SW 1/4 SW 1/4 Sec 12 Twn 20N Rng 8W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	<u>5</u> Miles <u>E</u> of <u>Scott</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet      Submersible	<u>Diesel Engine</u> Gasoline Engine      Natural Gas
Bucket      Piston <u>Turbine</u>	Electric Motor      Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>6/3/10</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2400</u> Gallons Per Minute	Number of Stages: <u>1</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): <del>_____</del>
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 O-711P  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer

RECEIVED

AUG 16 2010  
 BY: OLWR