

#43518

WITHDRAW FOR BENEFICIAL USE

County: Coahoma
 Permit #: 6W 43518
 Driller: Irrigation Equipment
 Date drilling completed: 9-3-09

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 #: 115
 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.

Well Owner Information

Owner Name Marshall Riddick
 Mailing Address: P.O. Box 4656

Rome Ms. 38768
 City State Zip Code

Telephone No. () _____

Well Location

Latitude: 33.59.08.9 Longitude: 90.27.50.2

Method of Lat/Long (circle one): Conventional Survey,

USGS quad, Hand-held GPS, Survey-grade GPS

SW $\frac{1}{4}$ SW $\frac{1}{4}$ Sec 36 Twn 25N Rng 3W

Distance 2 Miles Direction NE of Nearest Town Rome

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other Replacement
 Date well drilling started: 9-3-09 Date well drilling completed: 9-3-09 6W 10024

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

Static Water Level: 42 feet above or below (circle one) land surface Date measured: 9-4-09

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

Hole depth: 127 Well depth: 127 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 87 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 88 feet to 127 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.

Irrigation Equipment Inc.
 John P. Chism 0439

Print Name of Water Well Contractor and License No. _____

John P. Chism
 Signature of Water Well Contractor
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County: Coahoma
 Permit #: 6W43518
 Driller: Irrigation Equipment
 Date drilling completed: 9-3-09

State Well Report

Part 1

Mississippi Department of Environmental Quality
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 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
 Well #: 7115
 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.

Well Owner Information		Well Location	
Owner Name: <u>Marshall Riddick</u>	Latitude: <u>33.59.08.9</u>	Longitude: <u>90.27.50.2</u>	
Mailing Address: <u>P.O. Box 46</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>		
	USGS quad, Hand-held GPS, Survey-grade GPS		
City: <u>Rome</u> State: <u>Ms.</u> Zip Code: <u>38768</u>	SW 1/4 SW 1/4 Sec <u>36</u> Twn <u>25N</u> Rng <u>3W</u>		
Telephone No. () _____	Distance: <u>2</u> Miles	Direction: <u>NE</u>	Nearest Town: <u>Rome</u>
Well Data			
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture <u>Other</u>	<u>Replacement</u>		
Date well drilling started: <u>9-3-09</u>	Date well drilling completed: <u>9-3-09</u>		
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>42</u> feet above or <u>below</u> (circle one) land surface	Date measured: <u>9-4-09</u>		
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____			
Hole depth: <u>127</u> Well depth: <u>127</u>	Well grouted to a depth of <u>10</u> feet		
Type of grout (circle one): Cement <u>Bentonite</u> Mix			
Casing length: <u>87</u> feet Casing diameter: <u>16</u> inches	Type of casing: <u>PVC</u>		
Screen length: <u>40</u> feet Screen diameter: <u>16</u> inches	Type of screen: <u>PVC</u>		
Screen slot size: <u>.050</u> inches	Setting depth: From <u>88</u> feet to <u>127</u> feet		
Type of completion (circle all applicable): <u>Gravel packed</u> 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): <u>No log run</u> 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.			
Irrigation Equipment Inc. John P. Chism 0439			
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor: <u>John P. Chism</u>		

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BY: OLWR

0115

Ground Level

[illegible]

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:

Marshall Riddick

Signature of Water Well Contractor

BY: OLWR

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: Coahoma
Permit #: 6W43518
Irrigation Equipment
Driller: _____
Date completed: 9-3-09

For Office Use Only:
Aquifer: _____
Well #: 7.115
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>Marshall Riddick</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 46</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Rome</u> <u>Ms.</u> <u>38768</u> City State Zip Code	<u>SW 1/4 SW 1/4 Sec 36 Twn 25N Rng 34</u>
Telephone No. () _____	Distance Direction Nearest Town <u>2</u> Miles <u>NE</u> of <u>Rome</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>9-4-09</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2300 ±</u> Gallons Per Minute	Number of Stages: <u>2</u>

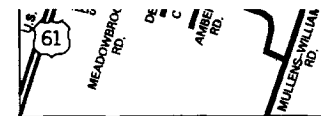
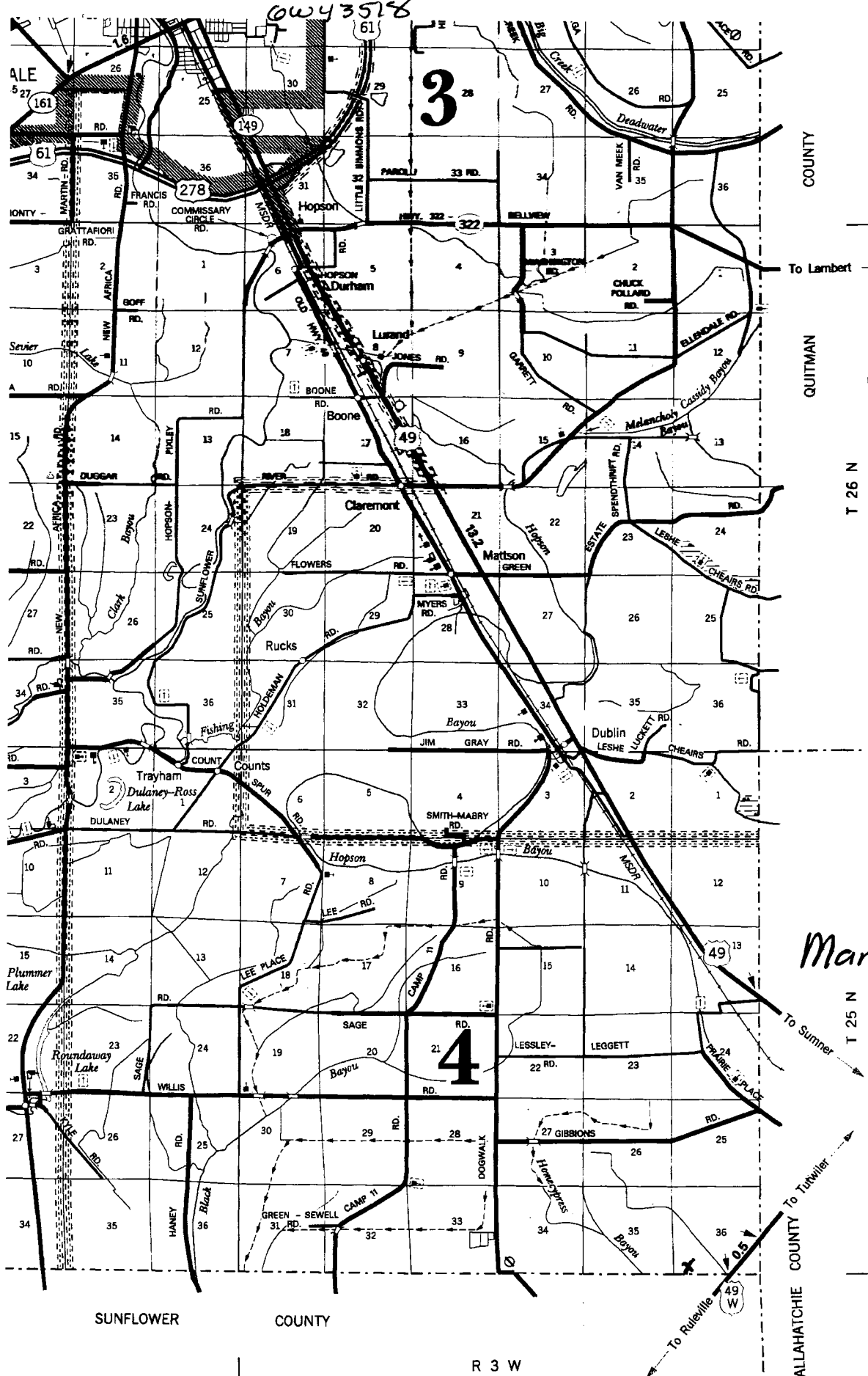
Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

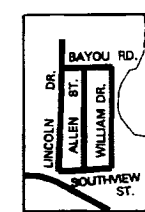
John P. Chism 0439
Print Name of Pump Installer and License No. (if applicable)

John P. Chism
Signature of Pump Installer

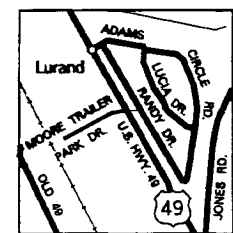
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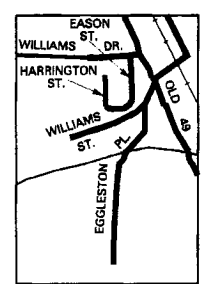
Inset E
T 28 N R 3 W



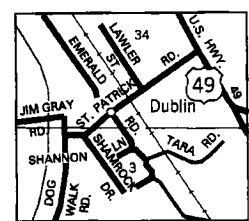
Inset F
T 27 N R 3 W



Inset I
T 26 N R 3 W



Inset J
T 26 N R 3 W



Inset K
T 25 & 26 N R 3 W

Marshall Riddick
Map^F

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