

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)

County: ISSAQUENA
 Permit #: GW42197
 Driller: J. NEWCOME
 Date drilling completed: 9-22-07

For Office Use Only:
 Aquifer: _____
 Well #: C-62
 L.S. Elevation: _____
 B-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>RONNIE KERR</u>	Latitude: <u>32.47.180</u> Longitude: <u>91.07.324</u>
Mailing Address: <u>12315 HWY 1</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>ROLLING FORK, MS</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/>
City State Zip Code	<u>SW 1/4 SW 1/4 Sec 12 Twn 11N Rng 9W</u>
Telephone No. <u>(662) 873-1025</u>	Distance Direction Nearest Town
	<u>7</u> Miles <u>S</u> of <u>MAYERVILLE</u>

Well Data

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

Date well drilling started: 9-22-07 Date well drilling completed: 9-22-07

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: 123 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 90 feet Casing diameter: 16 inches Type of casing: P.V.C.

Screen length: 30 feet Screen diameter: 16 inches Type of screen: P.V.C.

Screen slot size: .050 inches Setting depth: From 90 feet to 120 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

John Newcome

Prior Name of Water Well Contractor and License No.

Signature of Water Well Contractor

DEC-17-2007 10:18 From:CHICOT IRRIGATION B702652545 To:601 360 0535 P.3/3

STATE WELL REPORT

Part 2

County: ISSAQUENA
 Permit #: GW42197
 Driller: J. M. ROWE
 Date completed: 9/22/07

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) 461-5210
 (601) 254-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: C-52
 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>RONNIE KERR</u>	Latitude: <u>32-47-150</u> Longitude: <u>091-07-329</u>
Mailing Address: <u>12315 HWY 1</u>	Method of Lat/Long (circle one): Conventional Survey.
<u>ROLLING FORK, MS</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip: _____	<u>SW 1/4 SW 1/4 Sec 12 Twn 11N Rng 9W</u>
Telephone: <u>662-873-1025</u>	Distance Direction Nearest Town <u>7</u> Miles <u>S</u> of <u>MAKERSVILLE</u>

Pump Type Circle one	Power Type Circle one
Air Lift: Jet <input type="checkbox"/> Submersible <input type="checkbox"/>	<u>Diesel Engine</u> Gasoline Engine Natural Gas
Bucket: Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor Hand Tractor PTO
Centrifugal: Rotary <input type="checkbox"/> Standing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date pump installed: <u>9/24/07</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>3000</u> Gallons Per Minute	Number of Stages: <u>2-12"</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): <u>MS Test</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown (C) (A-B): _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: <u>Run</u> Gallons per Minute	
Duration of Pump Test (maximum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
GLENN ROWE #0110-P
 Print Name of Pump Installer and License No. (if applicable) [Signature]
 Signature of Pump Installer