

Sharp Pivot

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 #: C-63
L. S. Elevation: _____
E-log #: _____

County: ISSAQUENA
Permit #: 60042567
Driller: J. NEWCOME 0-773
Date drilling completed: 5-18-08

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>SHARPE FARMS</u>	Latitude: <u>32° 47' 50"</u> Longitude: <u>91° 05' 32"</u>
Mailing Address: <u>485 CONNER RD.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>ROLLING BOWL, MS. 39159</u>	USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>NW 1/4 SE 1/4 Sec 21 Twn 11N Rng 9W</u>
Telephone No: <u>662 218-9263</u>	Distance Direction Nearest Town
	<u>7.5 Miles SOUTH of MAYERSVILLE</u>

Well Data

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

Date well drilling started: 5-18-08 Date well drilling completed: 5-18-08

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: 80 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 80 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): _____

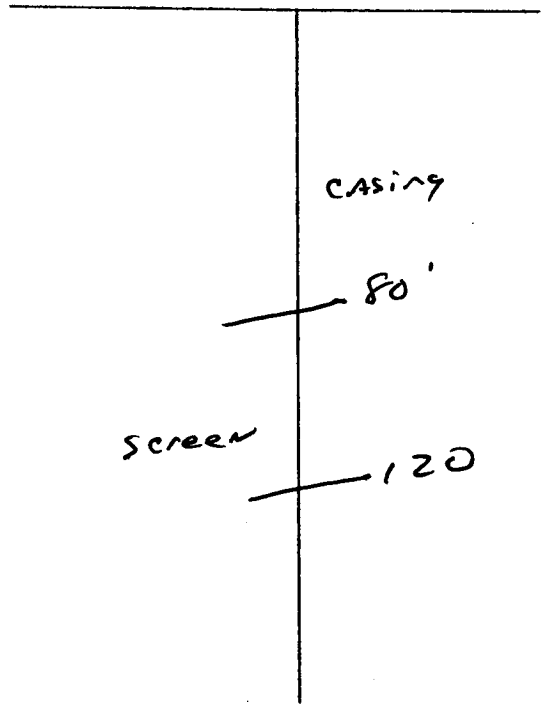
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

JOHN NEWCOME 0-773 _____
Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

Pump NOT INSTALLED YET RECEIVED
JUN 19 2008
BY: OLWA

If well telescopes please sketch below and show depths.

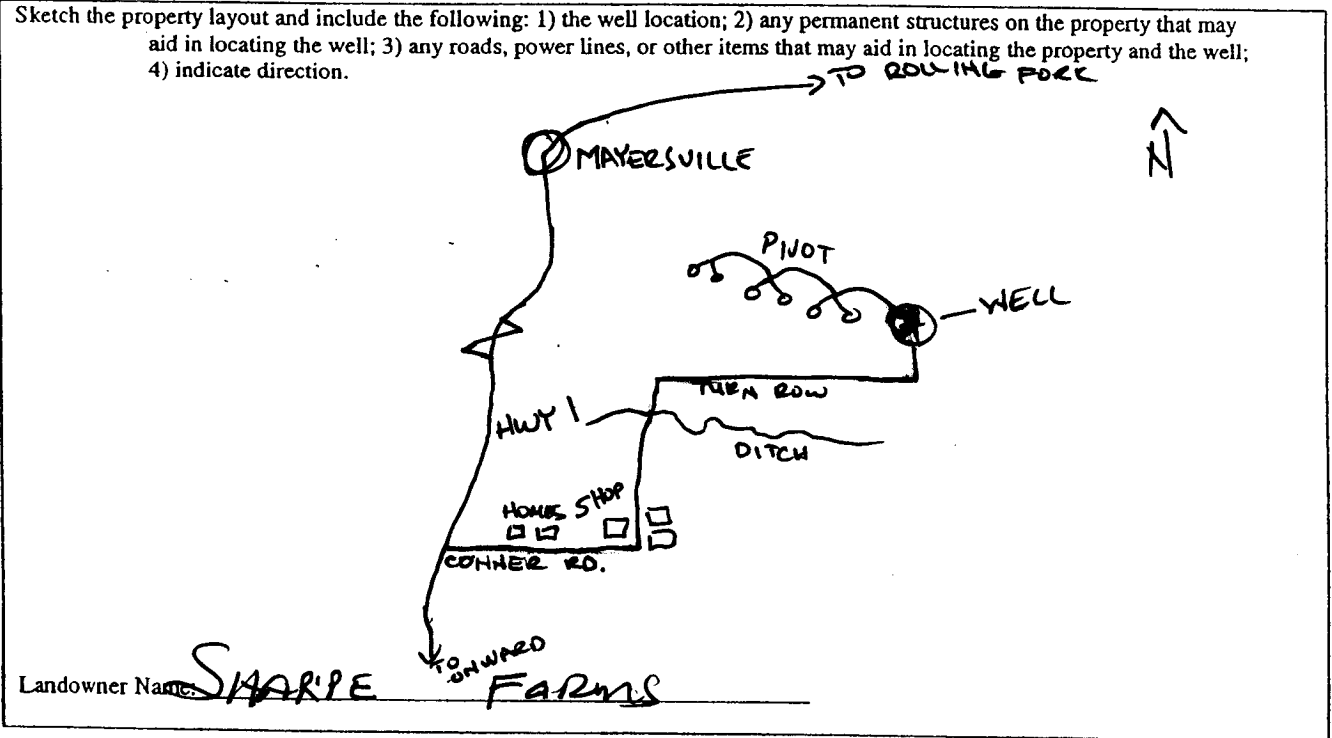
Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	10
MIX CLAY - SAND	10	38
FINE SAND	38	80
COARSE SAND - GRAVEL	80	120

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.



[Signature]
 Signature of Water Well Contractor

LOGS FOR WELL FILES PREVIOUSLY

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: ISSAQUENA
 Permit #: 6W42567
 Driller: J. NEWCOMB 0-773
 Date completed: 5-18-08

For Office Use Only:
 Aquifer: _____
 Well #: C-
 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
 Owner Name: SHARPE FARMS
 Mailing Address: 485 CONNER RD.
ROLLING FORK, MS 39159
 City State Zip Code
 Telephone No: 662-218-9263

Well Location
 Latitude: 32-47-50 Longitude: 91-05-32
 Method of Lat/Long (circle one): Conventional Survey, Hand-held GPS
 USGS quad, Hand-held GPS, Survey-grade GPS
NW 1/4 SE 1/4 Sec 21 Twn 11N Rng 9W
 Distance Direction Nearest Town
7.5 Miles SOUTH of MAYERSVILLE

Pump Type
 Circle one
 Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 6-21-08
 Rated Pump Capacity: 2400 Gallons Per Minute

Power Type
 Circle one
Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 150
 Setting Depth: 70 feet
 Number of Stages: 4

Pump Test Data
 Date Well Tested: _____
 Static Water Level (A): _____ Feet Below Land Surface
 Pumping Water Level (B): _____ Feet Below Land Surface
NOT TESTED
 Drawdown (B)-(A): _____ Feet Below Land Surface
 Test Pumping Rate: _____ Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level
 Circle one
 Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
GLEN ROWE 7104
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

RECEIVED

JUL 02 2008
 BY: OLWR