

# 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-67  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Issaquena  
Permit #: OW 43020  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 2/27/09

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 Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>12315 Hwy 1</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Rolling Fork Ms. 39159</u> City State Zip Code	<u>NW 1/4 NW 1/4 Sec 10 Twn 11N Rng 9W</u>
Telephone No. ( <u>662</u> ) <u>873-1025</u>	Distance Direction Nearest Town <u>8</u> Miles <u>S</u> of <u>Mayersville</u>

Well Data

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

Date well drilling started: 2/27/09 Date well drilling completed: 2/27/09

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

Static Water Level: 13' feet above below (circle one) land surface Date measured: 2-27-09

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 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 86 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 87 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: \_\_\_\_\_ 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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If well telescopes please sketch below and show depths.

C-67

Ground Level

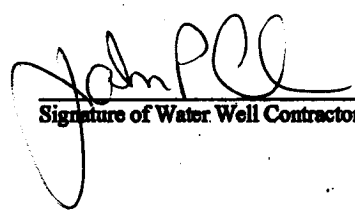
GW43020

Description of Formations Encountered	From	To
Clay	0	23
Fine Sand + Gravel	24	38
Medium Sand + Gravel	39	60
Medium Sand	61	71
Medium Sand + Gravel	72	126

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.

Landowner Name: Ronnie Kerr Farms

  
 Signature of Water Well Contractor

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# 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 #: 6043020  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date completed: 2/27/09

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: E-67  
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>Rennie Kerr Farms</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>12315 Hwy 1</u>	Method of Lat/Long (circle one): Conventional Survey, _____
<u>Rolling Fork Ms. 39159</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NW 1/4 NW 1/4 Sec 10 Twn 11N Rng 9W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town
	<u>8 Miles S of Mayersville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>40</u>
Date Pump Installed: <u>2-27-09</u>	Setting Depth: <u>80</u> feet
Rated Pump Capacity: <u>1600 ±</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): _____
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.

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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MAR 05 2009  
BY: OLWR