Sharp prostwell

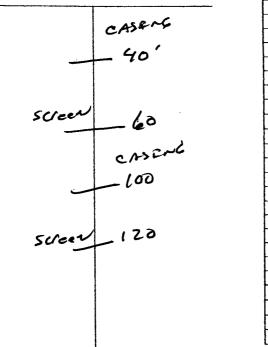
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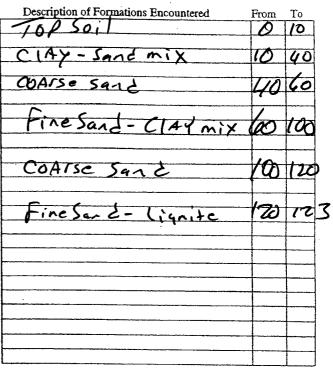
٠	State We	ell Report	For Office Use Only:
County: TSSAQUENA	Part 1		Aquifer:
Permit #: MS-GLU-43407	Mississippi Department of Environmental Quality Office of Land and Water Resources		Well #:
	P.O. Box 10631		
Driller J. NEWCONE 0.773	Jackson, MS 39289-0631 (601)961-5210		L. S. Elevation:
Date drilling completed: 6-19-09	(601)354	L-6938 (fax)	E-log #:
State Law requires that this rep	port be prepared by the		
30 days of completion of drilling of the well. Well Owner Information			Il Location
Owner Name Sharp Farms		Latitude: 32. 47. 4	12° Longitude 091° 94 · 33."
Mailing Address: 485 Conne	er Road	Method of Lat/Long (circle	
		USGS quad Hand-he	ld GPS Survey-grade GPS
Rolling Fork	MS 39159	SW 1/ SE 1/ Sec 2	Twn IIN Rng 9W
	State Zip Code	Distance Direction	Nearest Town
Telephone No. (UD) 873-73	5 4	<u>Miles</u>	of MAYERSVILLE
		Data	
Purpose of Well (circle one) Home	Industrial Public Supply	Irrigation Fish Culture	Other:
Purpose of well (circle one) nonic Date well drilling started: $6 - 1$	9-09 Date	e well drilling completed:	6-19-09
Date well drilling started:			
If flowing, method of flow regulation:	Valve Other	(describe)	
Static Water Level:fe	et above or below (circle one	e) land surface Date measur	ed:
Method of Measurement (circle one)	steel tape electric ta	pe air line other:	· · ·
	ll depth: 20	Well grouted to a depth	offeet
		ix	
Type of groue (cause caus).	Casing diameter: 16		g: PrC
•	11		
Screen length: <u>40</u> feet	Screen diameter:6	inches Type of scree	$n: \underline{PVC}$
Screen slot size: . O S D inc	thes Setting depth: From	m 40-60 feet to	100 - 160 feet
Type of completion (circle all application	able): Gravel packed Ur	nderreamed Telescoped	Open hole Natural Development
Top of lap pipe or reduction in casin	g:feet.	If telescoped or more than or	e screen, describe on back of page
Logs run (circle all applicable): No	log run Electric Gamma	Ray Density Sonic Neut	on Other:
Name of organization running log(s)):	Lin accordance with all appli	cable requirements of the Mississippl
I certify that the well was drilled, Department of Environmental Qu	constructed, and completed	Department of Health regul	ations and state laws.
Department of Environmental Qu	anty and/or the mississipp	10	
JOHN NEWLOME	6-773	Yok-	Abile
Print Name of Water Well Contract	,	l Signa	ature of Water Well Contractor
	·		neuel
			JUL 3 0
		· ·	
			BY: OI

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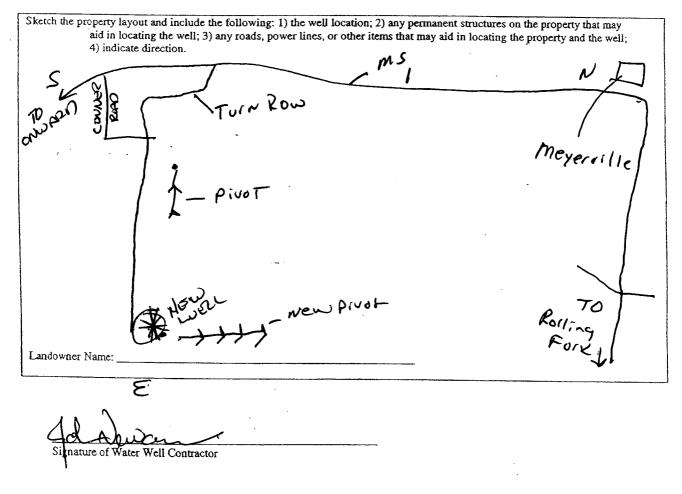
If well telescopes please sketch below and show depths.







If more than one screen, show location of each on sketch



STATE W	ELL REPORT		
County: ISSOQUEEMA Permit #: Office of Land	Part 2 For Office Use Only: Aquifer: Aquifer:		
Date completed: 6/19/09 (60)	Box 10631 MS 39289-0631 1)961-5210 554-6938 (fax)		
This report should be prepared by the pump installer in det installation of pump.	ail and filed with the Department within 30 days of the		
Well Owner Information	Well Location		
Owner Name: Sharp Farms	Latitude: 32° 47' 42" Longitude: 091° 04'33"		
Mailing Address: (10 0) Sharp	Method of Lat/Long (circle one): Conventional Survey.		
485 Conner Road	USGS quad Hand-held GPS Survey-grade GPS		
City State Zip Code	SW 1/SE 1/ Sec 21 Two IIN Rog 9W		
	Distance Direction Nearest Town		
Telephone No. (WQ) 873 - 7374	Miles S of Maypreville		
Pump Type Circle one	Power Type		
Air Lift Iet Submersible	Circleione Diesel Engine Gasoline Engine Natural Gas		
Bucket Piston Turbine	Diesel Engine Gasoline Engine Natural Gas Electric Motor Hand Tractor PTO		
Centrifugal Rotary Flowing Well	Windmill Other (specify):		
Other (specify):	Horse Power Rating of Motor: 180		
Date Pump Installed: 670/09	Setting Depth: feet		
Rated Pump Capacity: 2400 Gallons Per Minute	Number of Stages:		
Pump Test Data	Method of Measuring Water Level		
Date Well Tested:	Circle one Air Line Electric Measuring Line Steel Tape		
Static Water Levei (A):Feet Below Land Surface	Other (specify):		
Pumping Vate Dyel (B):Feet Below Land Surface			
Drawdown [(B) - (A)]: Feet Below Land Surface	For flowing well, measured shut in head:feet		
Test Pumping Rate Control Callons Per Minute	- Well yieldedGPM with a drawdown of		
Duration of Pump Test (minimum 4 hours):bours	feet afterhours of pumping		
I HEREBY CERTIFY that the above statements are true to the best	t of my knowledge		
Con Rave 0-711	Con my Mill Milling.		
Print Name of Pump Invaller and License No. (if applicable)	Signature of Pump installer RECEIVE		
	JUL 3 0 200		

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BY: OLWR