

# State Well Report

## Part I

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: Perry  
Permit #: \_\_\_\_\_  
Driller: A-1 Drilling Serv  
Date drilling completed: 3-29-10

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: B101  
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>Great Southern Farms</u>	Latitude: <u>31.24.09</u> Longitude: <u>88.57.04</u>
Mailing Address: <u>P.O. Box 1670</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input checked="" type="radio"/> USGS quad, Hand-held GPS, Survey-grade GPS
<u>Richton MS 39476</u>	<u>NW 1/4 NE 1/4 Sec 13 Twn 5N Rng 10W</u>
City State Zip Code	Distance: <u>± 3</u> Miles Direction: <u>N</u> of Nearest Town: <u>Richton MS</u>
Telephone No. <u>(601) 408-2996</u>	

Well Data

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

Date well drilling started: 3-24-10 Date well drilling completed: 3-29-10

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

Static Water Level: 45 feet above or below (circle one) land surface Date measured: 3-29-10

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

Hole depth: 150 Well depth: 136' Well grouted to a depth of 12 feet

Type of grout (circle one):  Cement  Bentonite Mix

Casing length: 106 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 30 feet Screen diameter: 4 inches Type of screen: PVC slotted

Screen slot size: .006 inches Setting depth: From 106 feet to 136 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: NA 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.

Wilber Baughman 0410  
Print Name of Water Well Contractor and License No.

Wilber Baughman  
Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

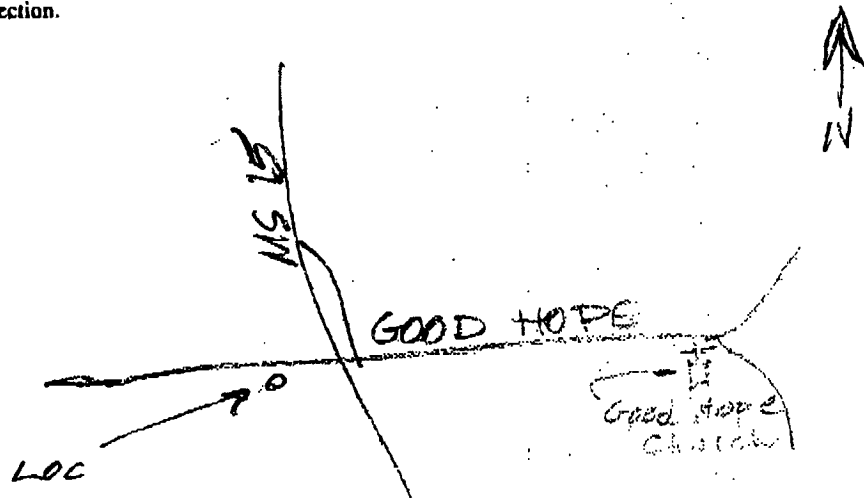
Ground Level

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Description of Formations Encountered	From	To
Clay, Tan	0	5
Red shaly clay	5	16
Sand and clay sub of tan	16	22
Sand, tan	22	61
Clay, sandy	61	64
Sand, tan to red	64	136
Clay, tan	136	150

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: Great Southern Farms

*Melbert L. Johnson*  
 Signature of Water Well Contractor

# 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: Perry  
 Permit #: \_\_\_\_\_  
 Driller: A-1 Drilling Serv  
 Date completed: \_\_\_\_\_

**For Office Use Only:**  
 Aquifer: B 101  
 Well #: \_\_\_\_\_  
 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>Great Southern Farms</u>	Latitude: <u>31 24 09</u> Longitude: <u>88 57 04</u>
Mailing Address: <u>PO. Box 1670</u>	Method of Lat/Long (circle one): <input checked="" type="radio"/> USGS quad <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Richton MS 39476</u>	<u>NW 1/4 NE 1/4 Sec 13 Twn 5N Rng 12W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(601) 409-2446</u>	<u>± 3</u> Miles <u>N</u> of <u>Richton</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input checked="" type="radio"/> Submersible	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<input checked="" type="radio"/> Electric Motor Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>7 1/2</u>
Date Pump Installed: <u>4-21-10</u>	Setting Depth: <u>100</u> feet
Rated Pump Capacity: <u>80</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>No power @ site when pump set 4-21-10</u>	Air Line Electric Measuring Line Steel Tape
Static Water Level (A): <u>15</u> Feet Below Land Surface	Other (specify): <u>Sonic</u>
Pumping Water Level (B): <u>NA</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>NA</u> Feet Below Land Surface	Well yielded <u>NA</u> 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.

Wilbur T. Baughman  
 Print Name of Pump Installer and License No. (if applicable)

Wilbur T. Baughman  
 Signature of Pump Installer