

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 #: d-72
L. S. Elevation: _____
E-log #: _____

County: Quitman
Permit #: GW 40005
Driller: Ditta Dilling of Furr
Date drilling completed: 5-18-06

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>M + P Planting</u>	Latitude: <u>34° 22' 59"</u> Longitude: <u>090° 15' 25"</u>
Mailing Address: <u>405 Oak Thicket Dr.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Sledge MS 38670</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NE 1/4 NE 1/4 Sec 22 Twn 85 Rng 10 W</u>
Telephone No. <u>662 609-2592</u>	Distance Direction Nearest Town
	<u>1 Miles S of Falcun</u>

Well Data	
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>5-18-06</u>	Date well drilling completed: <u>5-18-06</u>
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>20</u> feet above or <u>below</u> (circle one) land surface	Date measured: <u>5-18-06</u>
Method of Measurement (circle one) steel tape electric tape air line other: _____	
Hole depth: <u>100</u> Well depth: <u>100</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix	
Casing length: <u>60</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>210</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>0050</u> inches Setting depth: From <u>60</u> feet to <u>100</u> feet	
Type of completion (circle all applicable): <u>Gravel packed</u> 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: <u>VISUAL</u>	
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.	
<u>ALAN PYLE 0674</u>	<u>[Signature]</u>
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

RECEIVED

JUN 02 2006

BY: OLWR

C 72

6W40005

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

Landowner Name: _____

Signature of Water Well Contractor

RECEIVED
JUN 02 2006
BY: OLWR

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)

For Office Use Only:

Aquifer: _____

Well #: C 72

Elevation: _____

County: Quitman
Permit #: 6W 40005
Driller: Walter Quality Inc
Date completed: 5-18-06

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: M & P Plant
Mailing Address: 405 Dock Street
Shreveport MS 38670
City State Zip Code
Telephone No. () _____

Well Location

Latitude: 34 22 59 N Longitude: 090 15 27 S
Method of Lat/Long (circle one): Conventional Survey,
USGS quad, Hand-held GPS, Survey-grade GPS
NW 1/4 SW 1/4 Sec 22 Twn 8 S Rng 10 W
Distance Direction Nearest Town
1 Miles 5 of Falcon

Pump Type Circle one

Air Lift Jet Submersible
Bucket Piston Turbine
Centrifugal Rotary Flowing Well
Other (specify): _____
Date Pump Installed: 5-18-06
Rated Pump Capacity: 3000 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: 100
Setting Depth: 60 ft feet
Number of Stages: 1

Pump Test Data

Date Well Tested: _____
Static Water Level (A): _____ Feet Below Land Surface
Pumping Water Level (B): _____ Feet Below Land Surface
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.

ALAN PYLE
Print Name of Pump Installer and License No. (if applicable)

Alan Pyle
Signature of Pump Installer

RECEIVED
JUN 02 2006
BY: OLWR