

Apr 29 05 11:22a Mid-South Water

(662)843-1717

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### 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)

County: Shankley  
 Permit #: 6W 40147  
 Driller: Mike Wells  
 Date drilling completed: 4/25/05

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: A-121  
 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>Caney Bayou Farms</u>	Latitude: <u>N33° 03.125'</u> Longitude: <u>W90° 47.884'</u>
Mailing Address: <u>3340 Hwy 434</u> <u>Rolling Fork, MS 39159</u>	Method of Lat/Long (circle one): <u>07</u> Conventional Survey, <u>53</u>
City: _____ State: _____ Zip Code: _____	USGS quad, <u>NE 1/4 NE 1/4 Sec 22</u> Twn <u>14N</u> Rng <u>6W</u>
Telephone No. ( <u>662</u> ) <u>873-2372</u>	Distance: <u>4</u> Miles Direction: <u>S</u> of Nearest Town: <u>Delta City</u>

**Well Data**

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

Date well drilling started: 4/25/05 Date well drilling completed: 4/25/05

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

Static Water Level: 10 feet above or below (circle one) land surface Date measured: 4/25/05

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

Hole depth: 129 Well depth: 127 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 77 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 50 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 77 feet to 127 feet

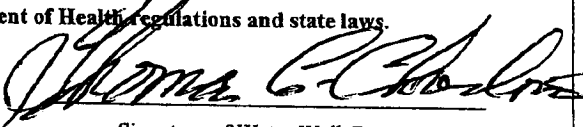
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
 Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: N/A 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): N/A

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.

Thomas G. Chestman 0-703   
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor



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Mid-South Water

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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)

#### For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: A-121  
Elevation: \_\_\_\_\_

County: Sharkey  
Permit #: 6W40149  
Driller: Mike Wells  
Date completed: 4/25/05

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>Caney Bayou Farms</u>	Latitude: <u>N33° 03.125'</u> Longitude: <u>W90° 47.884'</u>
Mailing Address: <u>3340 Hwy 434</u> <u>Rolling Fork, MS</u> <u>39159</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City _____ State _____ Zip Code _____	<u>1/4</u> _____ <u>1/4</u> Sec <u>22</u> Twn <u>14N</u> Rng <u>6W</u>
Telephone No. ( <u>662</u> ) <u>873-2372</u>	Distance _____ Direction _____ Nearest Town _____ <u>4</u> Miles <u>S</u> of <u>Delta City</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet      Submersible	<u>Diesel Engine</u> Gasoline Engine      Natural Gas
Bucket      Piston <u>Turbine</u>	Electric Motor      Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): <u>Gear Drive 1:1</u>
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: <u>4/28/05</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>Not Tested</u>	Air Line      Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>14</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>N/A</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>N/A</u> feet
Drawdown ((B) - (A)): <u>N/A</u> Feet Below Land Surface	Well yielded <u>N/A</u> GPM with a drawdown of _____
Test Pumping Rate: <u>N/A</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>N/A</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Thomas G. Chestman 0-703  
Print Name of Pump Installer and License No. (if applicable)

Thomas G. Chestman  
Signature of Pump Installer