

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 #: A-128
L. S. Elevation: _____
E-log #: _____

County: SHARKEY COUNTY
Permit #: 60041266
Driller: JOHN NEWCOME 0-773
Date drilling completed: 7-20-06

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>BRITTON FARMS</u>	Latitude: <u>33.03.17</u> "	Longitude: <u>090.51.08</u>	
Mailing Address: <u>PO Box 522</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> , Survey-grade GPS		
<u>HOLLANDALE, MS 38748</u>	USGS quad, <u>SE 1/4 NE 1/4 Sec 19</u> Twn <u>14N</u> Rng <u>LOW</u>		
City State Zip Code	Distance	Direction	Nearest Town
Telephone No. <u>662-378-6148</u>	<u>1.4</u> Miles	<u>South</u> of	<u>PANTHER BURN</u>
Well Data			
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____			
Date well drilling started: <u>7-20-06</u>		Date well drilling completed: <u>7-20-06</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>22</u> feet above or below (circle one) land surface		Date measured: <u>7-20-06</u>	
Method of Measurement (circle one) <u>steel tape</u> electric tape air line other: _____			
Hole depth: <u>108</u>		Well depth: <u>105</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): Cement <u>Bentonite</u> Mix			
Casing length: <u>70</u> feet		Casing diameter: <u>10</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>35</u> feet		Screen diameter: <u>10</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>050</u> inches Setting depth: From <u>70</u> feet to <u>105</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): <u>No log run</u> 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.			
<u>JOHN NEWCOME 0-773</u>		<u>[Signature]</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

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STATE WELL REPORT

Part 2

County: Sharkey County
 Permit #: OW 41266
 Driller: JOHN NEWCOME 0-773
 Date completed: 7-20-06

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-128
 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>BROWN Farms</u>	Latitude: <u>33-03-17</u> Longitude: <u>090-51-08</u>
Mailing Address: <u>PO Box 522</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
<u>HOLLANDALE, MS</u>	SE $\frac{1}{4}$ NE $\frac{1}{4}$ Sec <u>19</u> Twn <u>14N</u> Rng <u>6W</u>
City State Zip Code <u>38744</u>	Distance Direction Nearest Town <u>1.4</u> Miles <u>S</u> of <u>PANTHER BURN</u>
Telephone No: <u>662-378-6148</u>	

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u> <input type="radio"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> <input type="radio"/> Hand <input type="radio"/> Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>7-21-06</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1000</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
<u>NOTES</u> 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.

GLENN ROWE # 710-8 GLENN ROWE # 710-8
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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