

Bruton west well

# 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-132  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: SHARKEY  
Permit #: GW 41365  
Driller: J. NEWCOME 0-773  
Date drilling completed: 10-10-06

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>BRUTON FARMS, PIR</u>	Latitude: <u>33.01.45"</u> Longitude: <u>090 ST. 56"</u>
Mailing Address: <u>PO Box 522</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>HOLLANDALE MS, 38748</u>	<input checked="" type="checkbox"/> Hand-held GPS, <input type="checkbox"/> Survey-grade GPS
City State Zip Code	<u>NE</u> USGS quad <u>SE</u> <u>SW</u> <u>NE</u> Sec. <u>30 25</u> Twn <u>14N</u> Rng <u>6W</u>
Telephone No. <u>662-820-8555</u>	Distance <u>1/2</u> Miles <u>NE</u> Direction of <u>NITA YUMA</u> Nearest Town

**Well Data**

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

Date well drilling started: 10-10-06 Date well drilling completed: 10-10-06

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

Static Water Level: \_\_\_\_\_ feet above or below (circle one) land surface Date measured: \_\_\_\_\_

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

Hole depth: 103 Well depth: 100 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement  Bentonite Mix

Casing length: 60 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 050 inches Setting depth: From 60 feet to 100 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: \_\_\_\_\_ 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.

JOHN NEWCOME 0-773

Print Name of Water Well Contractor and License No.

John Newcome  
Signature of Water Well Contractor

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OCT 26 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 #: A-132  
 Elevation: \_\_\_\_\_

County: SHARKEY  
 Permit #: GW 41365  
 Driller: 0773  
 Date completed: 10-10-06

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	Well Location
Owner Name: <u>BRYTON FARMS PR.</u>	Latitude: <u>S3-01-45</u> Longitude: <u>90-51-56</u>
Mailing Address: <u>PO Box 522</u> <u>HOLLANDALE, MS</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>NW</u> <u>NW</u> Sec <u>30</u> Twn <u>14N</u> Rng <u>6W</u>
Telephone No: <u>662-820-8555</u>	Distance: <u>1/2</u> Miles Direction: <u>NE</u> of Nearest Town: <u>NITTA LYNN</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): _____
Other (specify): _____	Horse Power Rating of Motor: <u>60</u>
Date Pump Installed: <u>10-12-06</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: _____ 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
Drawdown (B) - (A): <u>NO TEST RUN</u> 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.

GLEN ROWE #710-P Print Name of Pump Installer and License No. (if applicable)      [Signature] Signature of Pump Installer

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 OCT 26 2006  
 BY: OLWR