

County: Sharkey  
 Permit #: GW-44823  
 Driller: Clarence M<sup>c</sup>Murry  
 Date drilling completed: 1-4-12

**State Well Report**  
**Part 1 - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2307  
 Jackson, MS 39225  
 (601)861 6210  
 (801)961-5228 (fax)

**For Office Use Only:**  
 Aquifer: \_\_\_\_\_  
 Well #: A 200  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

<p><b>Information on Well Owner</b>  <i>(Landowner if borehole is not for a water well)</i></p> <p>Owner Name: <u>Sysco Farms</u>        Mailing Address: <u>P.O. Box 118</u>  <u>Delta City MS 39061</u>        City State Zip Code        Telephone No. <u>(662) 907-1389</u></p>	<p><b>Well or Borehole Location</b></p> <p>Latitude: <u>N33° 04' 4.92"</u> Longitude: <u>W90° 47' 7.70"</u>        Method of Lat/Long (circle one): <u>12</u> Conventional Survey <u>08</u>        USGS quad, <u>Hand-held GPS</u> Survey-grade GPS <input checked="" type="checkbox"/>  <u>SW 1/4 SE 1/4 Sec 11 Twa 14N Rng 06W</u>        Distance Direction Nearest Town  <u>.61 Miles SE of Delta City</u>  <u>#1496 Well #1</u></p>
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**Well / Borehole Data**

Date drilling started: 1-4-12 Date drilling completed: 1-4-12 Hole depth: 129' Hole diameter: 21"

Location of the source of any surface water used for drilling: hand water from nearby ditch  
 Method of casing and volume of Chlorine used in drilling and development: \_\_\_\_\_

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
 Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_  
 Seismic Survey \_\_\_\_\_ (Other (describe) \_\_\_\_\_)

*If drilling is not related to water well construction, skip the remainder of this block*

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

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

Static Water Level: 27 feet above or below (circle one) land surface Date measured: 1-6-12

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

Well depth: 129' Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 89 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 89 feet to 129 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 next page*



# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 2309  
 Jackson, MS 39225  
 (601)961-5210  
 (601)961-5228 (fax)

County: Shenandoah  
 Permit #: GW-44823  
 Driller: John Rybolt  
 Date completed: 1-6-12  
 Copy information from block on Part 1

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: A200  
 Elevation: \_\_\_\_\_

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

**Well Owner Information**  
 Owner Name: SySCO Farms  
 Mailing Address: P.O. Box 118  
Delta City MS 39061  
 City State Zip Code  
 Telephone No. (662) 907-1389

**Well Location**  
 Latitude: N33°04'11.92" Longitude: W90°47'2.70"  
 Method of Loc. (check one): Conventional Survey \_\_\_\_\_  
 USGS quad \_\_\_\_\_ Hand-held GPS  Survey-grade GPS \_\_\_\_\_  
 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Sec 21 T14N R06W  
 Distance \_\_\_\_\_ Direction \_\_\_\_\_ Nearest Town \_\_\_\_\_  
.61 Miles SE of Delta City  
#1496 well #1

**Pump Type**  
 Circle one  
 Air Lift \_\_\_\_\_ Jet \_\_\_\_\_ Submersible  
 Bucket \_\_\_\_\_ Piston \_\_\_\_\_ Turbine \_\_\_\_\_  
 Centrifugal \_\_\_\_\_ Rotary \_\_\_\_\_ Flowing Well \_\_\_\_\_  
 Other (specify): \_\_\_\_\_  
 Date Pump Installed: 1-6-12  
 Rated Pump Capacity: 1200 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: 40  
 Setting Depth: 80 feet  
 Number of Stages: 1

**Pump Test Data**  
 Date Well Tested: NOT TESTED  
 Static Water Level (A): 27 Feet Below Land Surface  
 Pumping Water Level (B): N/A Feet Below Land Surface  
 Drawdown ((B) - (A)): N/A Feet Below Land Surface  
 Test Pumping Rate: N/A Gallons Per Minute  
 Duration of Pump Test (minimum 4 hours): N/A hours

**Method of Measuring Water Level**  
 Circle one  
 Air Line \_\_\_\_\_ Electric Measuring Line \_\_\_\_\_ Steel Tape \_\_\_\_\_  
 Other (specify): \_\_\_\_\_  
 For flowing well, measured shut in head: N/A 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.  
Clauston Miller 0-703  
 Print Name of Pump Installer and License No. (if applicable)  
Clauston Miller  
 Signature of Pump Installer