

KEY
W 40431
NEWCOME #0-773
Completed: 10/25/05

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)

Aquifer: _____
Well #: C148
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
Owner Name: MARTIN FARMS
Mailing Address: PO Box 456
ANGUILLA, MS. 38721
City State Zip Code
Telephone No. 662-873-7096

Well Location
Latitude: 32° 58' 43.1" Longitude: 090° 47' 09.8"
Method of Lat/Long (circle one): Hand-held GPS Conventional Survey
USGS quad, Hand-held GPS Survey-grade GPS
NE 1/4 NE 1/4 Sec. 15 10 Twn 13 N. Rng 10 W
Distance 3 Miles Direction E of Nearest Town ANGUILLA

Lat/Long
Pats 4015
10 515

Well Data
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 10-25-05 Date well drilling completed: 10-25-05
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: _____ feet above or below (circle one) land surface Date measured: NOV 14 2005
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 102 Well depth: 98 Well grouted to depth of _____ feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 78 feet Casing diameter: 12 inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 12 inches Type of screen: PVC
Screen slot size: .050 inches Setting depth: From 78 feet to 98 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): _____

RECEIVED
NOV 14 2005
YMD JOINT WATER
MANAGEMENT DISTRICT

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. [Signature]
Signature of Water Well Contractor

10431

County: S HARKEY
Perm #: GW 40431
Driller: JOHN NEWCOME #0-773
Date drilling completed: 10/25/05

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Aquifer: _____
Well #: C 148
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>MARTIN FARMS</u>	Latitude: <u>32.58.439</u> Longitude: <u>090.47.898</u>
Mailing Address: <u>PO Box 456</u>	Method of Lat/Long (circle one): Conventional Survey, <u>Hand-held GPS</u> Survey-grade GPS
<u>ANGUILLA, MS. 38721</u>	USGS quad, <u>SE 1/4 NE 1/4 Sec 15 Twn 13 N Rng 6W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>662 873-2096</u>	<u>3</u> Miles <u>E</u> of <u>ANGUILLA</u>

Well Data

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

Date well drilling started: 10-25-05 Date well drilling completed: 10-25-05

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: 102 Well depth: 98 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 78 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 78 feet to 98 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.

[Signature]
Signature of Water Well Contractor

RECEIVED
OCT 27 2005
BY: J. L. W. B.

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-148

Elevation: _____

County: SHARKEY
Permit #: 6W 40431
Driller: 0-773
Date completed: 10/25/05

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>MARTIN Farms</u>	Latitude: <u>32-58-439</u> Longitude: <u>092-42-898</u>
Mailing Address: <u>PO Box 456</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>ANGUILLA, MS. 38721</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>SW</u> ¼ <u>NE</u> ¼ Sec <u>15</u> Twn <u>13N</u> Rng <u>6W</u>
Telephone No: <u>662-873-1199</u>	Distance Direction Nearest Town
	<u>3</u> Miles <u>E</u> of <u>ANGUILLA, MS.</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>40</u>
Date Pump Installed: <u>10/26/05</u>	Setting Depth: <u>600</u> feet
Rated Pump Capacity: <u>800</u> Gallons Per Minute	Number of Stages: <u>3-stage (10ys)</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): <u>NOT Pumped</u>
Pumping Water Level (B): <u>TEST</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
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.

CHEN ROWE #710-P Signature of Pump Installer

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

RECEIVED
OCT 27 2005
BY: OLWR