# 6W40432 1 NEWCOME- 0 g completed: 0/24/05

30 days of completion of drilling of the well.

### State Well Report

#### Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources

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P.O. Box 10631 Jackson, MS 39289-0631 (601)961-5210 (601)354-6938 (fax)

State Law requires that this report be prepared by the driller in detail and filed with the Department within

For Office Use Only:
Aquifer:
Well #: CIUO
L. S. Elevation:
E-log #:

Well Location Well Owner Information Latitude: 32 . 55 · 5년 " Longitude: 090 · 50 · 년동 " Method of Lat/Long (circle one): Conventional Survey, Mailing Address: USGS quad, Hand-held GPS Survey-grade GPS NE 4 SW 4 Sec 32 Direction Nearest Town Telephone No. (do)\_1 Miles N of ROLLING FORK Well Data Purpose of Well (circle one) Home Public Supply ( Irrigation Fish Culture Other: Industrial Date well drilling started: Date well drilling completed: If flowing, method of flow regulation: Valve Other (describe) Static Water Level: \_\_\_\_\_feet above or below (circle one) land surface Method of Measurement (circle one) electric tape steel tape air line Hole depth: \_\_\\3 Well depth: \_ Well grouted to a depth of YMD JOINT WATER Type of grout (circle one): Cement Bentonite Mix MANAGEMENT DISTRICT Casing length: Casing diameter: inches Type of casing: \_\_ Screen length: Screen diameter: inches Type of screen: OPScreen slot size: \_\_\_OS( Setting depth: From\_ feet

Name of organization running log(s):

Type of completion (circle all applicable).

Top of lap pipe or reduction in casing: \_\_

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.

Gravel packed Underreamed

Other (describe):

Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other:

JOHN NEWCOME

0-113

Print Name of Water Well Contractor and License No.

fol Newcone

Open hole

Telescoped

feet. If telescoped or more than one screen, describe on back of page

Signature of Water Well Contractor

Natural Development

State Well Report			
	art 1	For Office Use Only:	
Mississinni Denartmen	at of Environmental Quality	Aquifer:	
Permit #: Office of Land a	and Water Resources	Well #: <u>C - 149</u>	
Dillia. Strid : Octob	Box 10631		
13/0/1/	IS 39289-0631 961-5210	L. S. Elevation:	
	4-6938 (fax)	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 VARTIN FARMS	Latitude: 32 . 55 . 514	" Longitude: <u>090° 50 ° 451 "</u>	
Mailing Address: Po Box 456	Method of Lat/Long (circle on	e): Conventional Survey,	
	USGS quad, Hand-held	GPS Survey-grade GPS	
ANGULLA, MS. 38721 City State Zip Code	NE 4 SW 4 Sec 32	Twn 13N Rng LOW	
	<b>D</b>		
Telephone No. (662) 873-1199 (7096)	Distance Direction 2 Miles N	Nearest Town of ROLLING FORK	
Well Data			
Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other:			
Date well drilling started: 10-24-05 Date well drilling completed: 10-24-05			
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: 113 Well depth: 110 Well grouted to a depth of 10 feet			
Type of grout (circle one): Cement Bentonite Mix			
Casing length:			
Screen length: 35 feet Screen diameter: 12 inches Type of screen: PVC			
Screen slot size: (057) inches Setting depth; From feet to feet			

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.

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Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Other (describe):

Type of completion (circle all applicable). Gravel packed Underreamed

Top of lap pipe or reduction in casing: \_

TOHN NEWCOME 0-773

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

A STATE OF THE STA

Natural Development

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Telescoped Open hole

\_\_feet. If telescoped or more than one screen, describe on back of page

Ground Level	Qw4	0432
		12" CASIMCE
		-70' 12" SCREEN 12" CANHE -100' 12" SCREEN -110'
If more than an		

	_	•
Description of Formations Encountered	From	То
T-0. 00:		
TOP SOIL	0	10
MIX CLAY		
MIX CLAY	10	40
FINE SAND	40	סד
THE SKILD	70	10
MED. COARSE SAND	70	95
FIME SAND	95	100
COARSE SAND	100	110
GRAY CLAY	- 100	
GRAT CLAY	110	113
	<del></del>	

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may
and in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well;
H FOREL
* Island
West _
MATHEWS RD.
A KE
HARGORNE
Landowner Name: MARTIN FARMS

Signature of Water Well Contractor

## STATE WELL REPORT

County: SHARKEY Driller: 0-778

Date completed: 10/24

## 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 #: <u>C</u> - 149		
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: NARTIN Farms	Latitud 32-55-5/4 Longitude: 90-50-45/	
Mailing Address: Po Box 45%	Method of Lat/Long (circle one): Conventional Survey,	
A	USGS quad, Hand-held GPS Survey-grade GPS	
ANGUILLA, MS. 3872/ City State Zip Code	NE 1/2 Sw / Sec 32 Twn /3N Rng 6W	
Telephone No. 42 - 873-1199	Distance Direction Nearest Town  2 Miles Not Pollin to Tonge	
Pump Type	Power Type	
Circle one	Circle one	
Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas	
Bucket Piston Turbine	Electric Motor Hand Tractor PTO	
Centrifugal Rotary Flowing Well	Windmill Other (specify):	
Other (specify):	Horse Power Rating of Motor:	
Date Pump Installed: 10/25/05	Setting Depth:	
Rated Pump Capacity:Gallons Per Minute	Number of Stages: 3-Stage (1045 Boul)	
Pump Test Data	Method of Measuring Water Level	
Date Well Tested:	Circle one	
Static Water Lovel (A): Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape	
Pumping Water Level (B):Feet Below Land Surface	Other (specify):	
Drawdown [(B) - (A)]:Feet Below Land Surface	For flowing well, measured shut in head:feet	
Test Pumping Rate:Gallons Per Minute	Well yieldedGPM with a drawdown of	
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of pumping	
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.  CLENTRY that the above statements are true to the best of my knowledge.  Print Name of Pump Installer and License No. (if applicable)  Signature of Pump Installer		
and Lacense 110. (ii applicable)	Signature of Pump Installer	