State 1	Well Report	
anty: Sharkey	Part 1	For Office Use Only:
Mississippi Danatu	ent of Environmental Quality	Aquifer:
Permit #12 (((X)))) Office of T	and Water Resources	
	. Box 10631	Well #:
	MS 39289-0631	L. S. Elevation:
	1)961-5210	
	354-6938 (fax)	E-log #:
State Law requires that this report be prepared by th 30 days of completion of drilling of the well.	ne driller in detail and filed w	ith the Department within
Well Owner Information	Wall	Location
Owner Name Ewing Planting Co.		
	Latitude: <u>52 ° 57 · 4/</u>	5 Longitude: <u>90°51 · 11.4</u>
Mailing Address: P. O. Box 305	Method of Lat/Long (circle on	e): Conventional Survey,
	USGS quad, Hand-held	GPS, Survey-grade GPS
Anguilla Ms. 38721 Otty State ZipCode	NE 1/4 NW 1/4 Sec_ 19	Twn 13N Rng 64
	Distance Direction	Nearest Town
Telephone No. (662) 873 - 1961	Distance Direction Miles Sw	Anguilla
		÷
	Data	
Purpose of Well (circle one) Home Industrial Public Supply	Irrigation Fish Culture	Other:
Date well drilling started: <u>3-22-08</u> Date	well drilling completed:	-22-08
f flowing, method of flow regulation: Valve Other (or	describe)	
Static Water Level:feet above or below (circle one)	land surface Date measured:	3-22-08
Method of Measurement (circle one) steel tape electric tape		
Iole depth: 127 Well depth: 127	Well grouted to a depth of	1D feet
ype of grout (circle one): Cement Bentonite Mix		
Casing length: 87 feet Casing diameter: 16	inches Type of casing:	PVC.
creen length: <u>40</u> feet Screen diameter: 16		DVC
creen slot size: .050 inches Setting depth: From	00	$\frac{PVC}{C}$
ype of completion (circle all applicable): Gravel packed Under		feet
Other (describe):	reamed Telescoped Open ho	le Natural Development
	escoped or more than one screen	
ogs run (circle all applicable) No log run Electric Gamma Ray	Density Sonic Neutron Ot	, describe on back of page
ame of organization running log(s)		
certify that the well was drilled, constructed, and completed in a	ccordance with all applicable rea	quirements of the Mississippi
epartment of Environmental Quality and/or the Mississippi Den.	artment of Health regulations ar	d state laws
jucton Equipment Inc		
atrick M. Chism 0695	Jue -	
int Name of Water Well Contractor and License No.	Signature of W	ter Well Boothactor
	orginatine of Wa	
\rightarrow \prec \times 1		MAR 8 1 2008
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YMD JOINT WATER MANAGEMENT DISTRICT

State V	Vell Report			
	Part 1	For Office Use Only:		
- Mississinni Donortmor	nt of Environmental Quality	Aquifer:		
Permit #/ (0 9 2 0) Office of Landa Irrigation Equipment	and Water Resources Box 10631	Well #: 0 - 169		
Jackson N	MS 39289-0631	L. S. Elevation:		
)961-5210			
	54-6938 (fax)	E-log #:		
State Law requires that this report be prepared by the 30 days of completion of drilling of the well.	e driller in detail and filed w	ith the Department within		
Well Owner Information	Well	Location		
Owner Name Ewing Planting Co.	Latitude: <u>32 ° 57 '4/</u>	5 Longitude: <u>90°,51°, 11. 4</u>		
Mailing Address: P. O. Box 305	Method of Lat/Long (circle on	e): Conventional Survey,		
	USGS quad, Hand-held	GPS, Survey-grade GPS		
Anguilla Ms. 38721 Oty State ZipCode	NE 1/4 NW 1/4 Sec 19	_Twn <u>13N_Rng6W</u>		
-	Distance Direction	of <u>Anguilla</u>		
Telephone No. (662) 873 - 1961	$ \underbrace{ - 1 \text{Miles} 5 \mathbf{W} 0 \\ - 1 \mathbf{Miles} 5 \mathbf{W} 0 \\ - 1 \mathbf{Miles} 0 \mathbf{Miles} Mi$	<u> 7 nguille</u>		
Well	Data			
Purpose of Well (circle one) Home Industrial Public Supply		Other:		
Date well drilling started: <u>3-22-08</u> Date w	well drilling completed:3	-22-08		
If flowing, method of flow regulation: Valve Other (d	escribe)			
Static Water Level:feet above or below (circle one) 1				
Method of Measurement (circle one) steel tape electric tape	air line other:			
Hole depth: <u>/27</u> Well depth: <u>/27</u> Well grouted to a depth of <u>/D</u> feet				
Type of grout (circle one): Cement Bentonite Mix				
Casing length: <u>87</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>				
Screen length: <u>40</u> feet Screen diameter. <u>16</u>				
Screen slot size:	<u>88</u> feet to 12	27_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):	<u>_</u>	, 11		
I certify that the well was drilled, constructed, and completed in a	ccordance with all applicable r	equirements of the Mississippi		
Department of Environmental Quality and/or the Mississippi Dep. Irrigation Equipment Inc	artment of Health regulations	nd state laws.		
Patrick M. Chism 0695	Lo			
Print Name of Water Well Contractor and License No.	Signature of W	/ater Well Contractor		

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If well telescopes please sketch below and show depths.

Ground Level

Description of Formations Encountered	From	То
Clay	0	31
Fine Sand + Gravel	32	46
Fine Sand + Gravel	47	52
Clay Fine Sand + Gravel Medium Sand + Gravel	53	64
Fing Sand + Gravel	65	7/
Medium Sand + Gravel	72	<u> 127</u>
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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 aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well;
4) indicate direction.

Landowner Name: Ewing Planting Co.

Signature of Water Well Contractor

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·	STATE WELL REPORT	
County: Sharkey	Part 2 Pump Installer's Completion Report	For Office Use Only:
Permit #: 6 (2) 4238	Mississippi Department of Environmental Quality Office of Land and Water Resources	Aquifer:
Irrigation Equipment	P.O. Box 10631 Jackson, MS 39289-0631	well #: <u>C - 169</u>
Date completed: <u>3-22-08</u>	(601)961-5210 (601)354-6938 (fax)	Elevation:

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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>Ewing Planting Co.</u>	Latitude:Longitude:
Mailing Address: <u>P. O. Box 305</u>	Method of Lat/Long (circle one): Conventional Survey,
Anguilla Ms. 38721	USGS quad, Hand-held GPS, Survey-grade GPS
City State ZipCode	$\underline{NE} = \frac{NW}{4} \frac{NW}{4} \frac{1}{4} \frac{9}{10} Twn \frac{13N}{13N} Rng \frac{6W}{10}$ Distance Direction Nearest Town
Telephone No. 662 873-1961	<u></u>

Pump Type Circle one		Power Type 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):	AMM
Other (specify):			Horse Power Ratin	g of Motor: 6	0
Date Pump Installed:		-08	Setting Depth:	70	feet
Rated Pump Capacity	<u>r. 2800 -</u>	Gallons Per Minute	Number of Stages:		

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: Static Water Level (A):Feet Below Land Surface Pumping Water Level (B):Feet Below Land Surface	Air Line Electric Measuring Line Steel Tape Other (specify):
Drawdown [(B) – (A)]:Feet Below Land Surface	For flowing well, measured shut in head:
Test Pumping Rate:Gallons Per Minute Duration of Pump Test (minimum 4 hours):hours	Well yieldedGPM with a drawdown offeet afterhours of pumping
Duration of Pump Test (minimum 4 hours):hours	feet afterhours of p

I HEREBY CERTIFY that the above statements are true to the best of m	myingwidg	
Patrick M. Chism 0695	de	
Print Name of Pump Installer and License No. (if applicable)	Signature of Pump Installer	
	RECEIV	'ED

MAR 2 8 2008 BY: OLWR

