

B-C Farms

### 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 #: C178  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

KEY

6w-43264

NEWCOME 0-773

Drilling completed: 6-11-09

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: B + B Farms  
Mailing Address: 1/2 Brad Clinkscales  
837 Front St.  
Anguilla, MS 38721  
City State Zip Code  
Telephone No. (662) 907-7561

#### Well Location

Latitude: 32° 58' 24" Longitude: 090° 48' 39"  
Method of Lat/Long (circle one): Conventional Survey.  
USGS quad (Hand-held GPS) Survey-grade GPS  
SE 1/4 NW 1/4 Sec 15 Twn 13N Rng 6W  
Distance Direction Nearest Town  
1 Miles EAST of ANGULLA

#### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_  
Date well drilling started: 6-11-09 Date well drilling completed: 6-11-09  
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: 70 feet Casing diameter: 10 inches Type of casing: PVC  
Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC  
Screen slot size: 050 inches Setting depth: From 70 feet to 110 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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DL #  
43264

JUL 20 2009

YMD JOINT WATER  
MANAGEMENT DISTRICT

# 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 #: C178  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: SHARKEY  
 Permit #: \_\_\_\_\_  
 Driller: J. NEWCOME 0-773  
 Date drilling completed: 6-11-09

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>B + B Farms</u>	Latitude: <u>32° 58' 24"</u> Longitude: <u>090° 48' 39"</u>
Mailing Address: <u>% Brad Clinkscales</u> <u>837 Front St.</u> <u>Anguilla, MS 38721</u> City State Zip Code	Method of Lat/Long (circle one): Conventional Survey, USGS quad <u>Hand-held GPS</u> , Survey-grade GPS
Telephone No. <u>(662) 907-7561</u>	SE <input checked="" type="checkbox"/> NW <input checked="" type="checkbox"/> Sec <u>15</u> Twn <u>13N</u> Rng <u>6W</u>
	Distance Direction Nearest Town <u>1</u> Miles <u>EAST</u> of <u>ANGUILLA</u>

**Well Data**

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

Date well drilling started: 6-11-09 Date well drilling completed: 6-11-09

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: 70 feet Casing diameter: 10 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 10 inches Type of screen: PVC

Screen slot size: 050 inches Setting depth: From 70 feet to 110 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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JUL 15 2009

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 #: C178  
Elevation: \_\_\_\_\_

County: Sharkey  
Permit #: \_\_\_\_\_  
Driller: J. Newcome  
Date completed: 6/11/09

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>B + C Farms</u>	Latitude: <u>32° 58' 26"</u> Longitude: <u>90° 48' 39"</u>
Mailing Address: _____ _____	Method of Lat/Long (circle one): Conventional Survey.
City _____ State _____ Zip Code _____	USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
Telephone No. (____) _____	<u>SE</u> ¼ <u>NW</u> ¼ Sec <u>15</u> Twn <u>13N</u> Rng <u>6W</u>
	Distance _____ Direction _____ Nearest Town _____
	<u>1</u> Miles <u>EAST</u> of <u>Anguilla</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet <u>Submersible</u>	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston      Turbine	<u>Electric Motor</u> Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>30</u>
Date Pump Installed: <u>6/14/09</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1200</u> 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)]: _____ 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.

Comp Rowe 0-711 P      [Signature]  
Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

RECEIVED  
JUL 15 2009  
BY: OLWF