## MRETIN #1

## County: SHARKEY Permit #: GW-44811 V Driller: J. NEWCOME 0.773 Date drilling completed: 4-25-2011

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#:	<u>C196</u>
L. S. Eleva	tion:
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.	TTI TI T	
Well Owner Information	Well Location	
Owner Name Sandy Boyou Ferms	Latitude: 32 . 56 . 07 " Longitude: 90 . 50 . 23 "	
Mailing Address: 5415 Sondy Bayoukd	Method of Lat/Long (circle one): Conventional Survey,	
	NE USGS quad, Hand-held GPS Survey-grade GPS	
Rolling Fork MS 39159	Dut 4 NW 4 Sec 32 Twn 13 H Rng LOW	
City State Zip Code	Distance Direction Nearest Town	
Telephone No. ()	3 Miles N. of ROLLING FORK	
-		
Well	Data	
Purpose of Weil (circle one) Home Industrial Public Supply (	Irrigation Fish Culture Other:	
I apose or war (areas one) Areas	4-25-2011	
Date well drilling started: 4-25-2011 Date	well drilling completed:	
If flowing, method of flow regulation: Valve Other	(describe)	
Static Water Level:feet above or below (circle one	· · · · · · · · · · · · · · · · · · ·	
Method of Measurement (circle one) steel tape electric tap	e air line other:	
Hoie depth: 112 Well depth: 110 Well grouted to a depth of 10 feet		
Min		
Type of grout (circle one): Cement Bentonite With  Casing length:		
Screen length: 40 feet Screen diameter: 10 inches Type of screen: 17.00		
Screen slot size:		
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development		
Other (describe):		
Top of iap 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):	The state of the Mississippi	
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 NEWOME 0:773	John News	
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor	
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If well telescopes please sketch below and show depths.

Ground Level		
		70 LF 16" casing
. \$	1	40u=
	11	المن حدم عصما

Description of Formations Encountered	From	To
TOP SOIL.	10	IL
CLAY.	10	40
MED. SAND	40	50
COARST SAND	50	70
Coarse sand Per Craver 150 tram	70	MD
BOTTOM	1110	1112
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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.

SEF MAP

Landowner Name:

Signature of Water Well Contractor

County: Shartier
Permit #: 6w -44811
Driller: J. Newame
Date completed: 0-713
Copy information from block on Part 1

## 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)

For Office Use Only:	
Aquifer:	
Well #:	
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 a	t the above address within 30 days of well completion.			
Well Owner Information	Well Location			
Owner Name: Sandy Bayou Farms	Latitude: 32° 56'07" Longitude: 090° 50' 23"			
Mailing Address: 5415 Somay Bayer Ro	Method of Lat/Long (check one): Conventional Survey			
•	USGS quad Hand-held GPS, Survey-grade GPS			
Rolling Fork MS 3959 City State Zip Code	NW 1/4 NW 1/4 Sec 32 T13N R GW			
Telephone No. ()	Dietance Direction of Rolling Fork			
Pump Type	Power Type Circle one			
Circle one Air Lift Jet Submersible	Diesel Engine Gasoline Engine Natural Gas			
Bucket Piston	Electric Motor Hand Tracter PTO			
Centrifugal Rotary Flowing Well	Windmill Other (specify):			
Other (specify):	Horse Power Rating of Motor:			
Date Pump Installed: 4126/11	Setting Depth:			
Rated Pump Capacity: 1660 Gallons Per Minute	Number of Stages: \ RECEIVED			
	Method of Measuring Water Level  Circle one			
Pump Test Data	Method of Measuring Water Level  Circle one			
Date Well Tested:	Air Line Electric Measuring Line			
Static Water Level (A):Feet Below Land Surface	0.0 0.00			
Pumping Water Level (B):Feet Below Land Surface	Other (specify):			
Drawdown [(B) – (A)]: Fact 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			
This is for (circle one): New Well Replacement of Existing Pump Repair of Existing Pump				
I HEREBY CERTIFY that the above statements are true to the best of my knowledge.				
Cong Rove 0-711P (JCom				
Print Name of Pump Installer and License No. (if applicable)  Signature of Pump Installer  Form: OLWR-SWR-1C (07-09)				