

MARTIN #1

# 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 #: C196  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

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

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>Sandy Bayou Farms</u>	Latitude: <u>32.56.07"</u> Longitude: <u>90.50.23"</u>
Mailing Address: <u>5415 Sandy Bayou Rd</u>	Method of Lat/Long (circle one): <u>Hand-held GPS</u> Survey-grade GPS
<u>Rolling Fork MS 39159</u>	NE USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City State Zip Code	<u>Nat</u> 1/4 <u>NW</u> 1/4 Sec. <u>32</u> Twn <u>13N</u> Rng <u>6W</u>
Telephone No. ( ) _____	Distance <u>3</u> Miles Direction <u>N</u> of Nearest Town <u>ROLLING FORK</u>

### Well Data

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

Date well drilling started: 4-25-2011 Date well drilling completed: 4-25-2011

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: \_\_\_\_\_

Hoie depth: 112 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: 16 inches Type of casing: P.V.C.

Screen length: 40 feet Screen diameter: 16 inches Type of screen: P.V.C.

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

RECEIVED

JUN 03 2011

BY: OLIVER



