

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)

County: Sharkey
Permit #: 6W42600
Irrigation Equipment
Driller: _____
Date drilling completed: 6-7-08

For Office Use Only:
Aquifer: _____
Well #: E-60
L. S. Elevation: _____
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: <u>Kin Growers</u>	Latitude: <u>32.52.04.5</u> Longitude: <u>90.55.30.9</u>
Mailing Address: <u>40 Will Rutherford</u>	Method of Lat/Long (circle one): <u>04</u> Conventional Survey, <u>31</u>
<u>70 South First Street</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Rolling Fork Ms. 39159</u>	<u>SW 1/4 SW 1/4 Sec 21 Twn 12N Rng 7W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ()	<u>3</u> Miles <u>SW</u> of <u>Rolling Fork</u>

Well Data Pivot

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

Date well drilling started: 6-7-08 Date well drilling completed: 6-7-08

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 10' feet above or below (circle one) land surface Date measured: 6-8-08

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 138 Well depth: 138 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 100 feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 38 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: .05 inches Setting depth: From 101 feet to 138 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.

Irrigation Equipment Inc
Patrick M. Chism 0695

Print Name of Water Well Contractor and License No. _____ Signature of Water Well Contractor Patrick M. Chism

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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)

County: Sharkey
Permit #: 0042607
Irrigation Equipment
Driller:
Date completed: 6-7-08

For Office Use Only:
Aquifer:
Well #: E-60
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: Kin Growers
Mailing Address: 40 Will Rutherford
70 South First Street
Rolling Fork Ms. 39159
Well Location: SW 1/4 SW 1/4 Sec 21 Twn 12N Rng 7W
Distance: 3 Miles SW of Rolling Fork

Pump Type: Turbine
Power Type: Diesel Engine
Date Pump Installed: 6-8-08
Rated Pump Capacity: 1100+ Gallons Per Minute
Horse Power Rating of Motor: 60
Setting Depth: 60 feet
Number of Stages: 2

Pump Test Data:
Date Well Tested:
Static Water Level (A):
Pumping Water Level (B):
Drawdown [(B) - (A)]:
Test Pumping Rate:
Duration of Pump Test (minimum 4 hours):
Method of Measuring Water Level:
Air Line
Electric Measuring Line
Steel Tape

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
Patrick M. Chism 0695
Print Name of Pump Installer and License No. (if applicable)
Signature of Pump Installer