State V	Vell Report	·
County: Sharkey	Part 1	For Office Use Only:
Permit #: Cu - 37556 Mississippi Departmen	Mississippi Department of Environmental Quality	
Irrigation Equipment	and Water Resources Box 10631	Well #: <u>F-31</u>
11 - 10 - 04 Jackson, N	<b>AS 39289-06</b> 31	L. S. Elevation:
601)25	)961-5210 i4-6938 (fax)	B-log #:
State Law requires that this report be prepared by the		L-log #.
State Law requifes that this report be prepared by the 30 days of completion of drilling of the well.	driller in detail and filed w	rith the Department within
Well Owner Information	Wel	Location
OwnerNameCarter Brothers	Latitude: 32. 52, 58	In Longitude: 90,51, 39W
Mailing Address: Box 458		
	Method of Lat/Long (circle or	•
Rolling Fork, MS 39159	-	GPS, Survey-grade GPS
City State Zip Code	<u>NW</u> 4 Sw 4 Sec 18	<b>TwnRng</b>
Telephone No. $(662-873-4054)$	Distance Direction 	Nearest Town
Telephone No. (		of Rolling Fork
Well	Data	
Purpose of Well (circle one) Home Industrial Public Supply	Trigation Fish Culture	Other:
Date well drilling started: <u>11-10-04</u> Date		
If flowing, method of flow regulation: Valve Other (		
Static Water Level: <u>17</u> feet above or below (circle one)	land surface Date measured:	11-11-04
	air line other:	
Hole depth: 114 ' Well depth: 114 '	_ Well grouted to a depth of _	10 feet
Type of grout (circle one): Cement Rentonite Mix		
Casing length: 74 feet Casing diameter: 6	inches Type of casing: <sup>F</sup>	VC Sch.40
Screen length: <u>40</u> feet Screen diameter. <sup>16</sup>	•••••	VC Sch.40
· · · · · · · · · · · · · · · · · · ·		
Screen slot size: <u>.050</u> inches Setting depth: From	feet to	feet
Type of completion (circle all applicable): Gravel packed Under	rreamed Telescoped Open	hole Natural Development
Other (describe):		
Top of lap pipe or reduction in casing: feet. If the	elescoped or more than one scr	een describe on back of page
Logs run (circle all applicable): No log run Electric Gamma Ray		
	Density Some Neutron	Outer:
Name of organization running log(s): I certify that the well was drilled, constructed, and completed in a	possedance with all amplicable	negativenents of the Missisteri
Department of Environmental Quality and/or the Mississippi Dep		
Irrigation Equipment Inc.	DIT	10 01
Patrick M. Chism 0695	Tatues	M Chini
Print Name of Water Well Contractor and License No.	Signature of	f Water Well Contractor
	·	
		anv 17 200.
		NOV 17 2004
· ·	· .	BY: OLW

If well telescopes please sketch below and show depths.

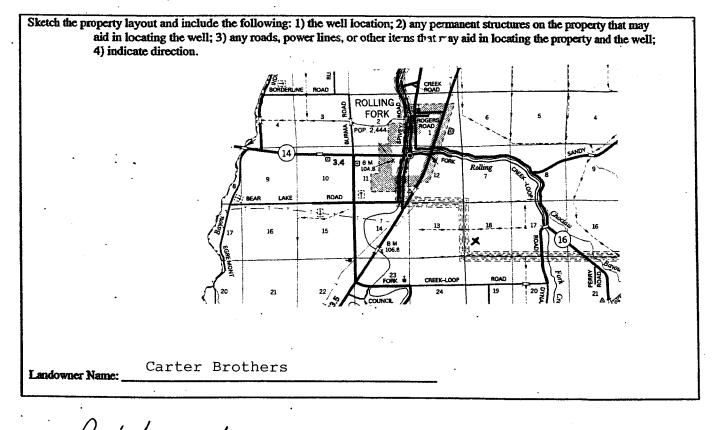
Ground Level

•		

<b>F-3</b> (
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Description of Formations Encountered	From	To
Clay .	0	42
Fine Sand	43	51
Fine Sand/gravel Med_Sand/gravel	<u>52</u>	65
Med Sand/gravel	66	114
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If more than one screen, show location of each on sketch



Signature of Water Well Contractor

Daller:	<u>31856</u>	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 Us Aquifer: Well #: Elevation:	51
This report installation	of pump.		il and filed with the Depar	bucht within 30 days of	the
	Well Owner Informa		Well Location		
Owner Name:	Carter Brot	thers	Latitude:	Longitude:	
Mailing Address	Box 458		Method of Lat/Long (circle	e one): Conventional Sur	vey,
		ck, MS 39159 ZipCode	<u>SW</u> % Sec	and-held GPS, Survey-g 18 1 <sup>2</sup> N TwnRn	
Telephone No. (	662-873-4054	1	Distance Direction	n Nearest Town of Rolling	Fork
	Pump Type Circle one			Power Type Circle one	
Air Lift	Jet	Submersible	Diesel Engine Gas	oline Engine N	atural Gas
Bucket	Piston	Turbine	Electric Motor Han	nd Tr	actor PTO
Centrifugal	Rotary	Flowing Well	Windmill Oth	er (specify):	
Other (specify): _			Horse Power Rating of Mo	tor:60	
	led: <u>11-11-04</u> 2500-3000 acity:		Setting Depth: Number of Stages:		
	aony:		NUMBER OF STARES:		<u>-</u>
Date Well Tested	Pump Test Data		Method of	Measuring Water Level Circle one	
	el (A): <u>17'</u> Fee		Air Line Electric M Other (specify):		ci Tape
Pumping Water L	- (A)]:Fcct	Below Land Surface	For flowing well, measure	l shut in head:	feet
Pumping Water L Drawdown [(B) –			For flowing well, measured Well yielded		

Print Name of Pump Installer and License No. (if applicable)

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Signature of Pump Installer

RECEIVED

NOV 17 2004 BY: OLW R