

County: S HARKEY  
 Permit #: GW-40565  
 Driller: CHICOE IRRIGATION  
 Date drilling completed: 7-28-05

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 #: F-32  
 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>CARTER BROS. PLANTATION LTD</u>	Latitude: <u>32° 52' <del>00"</del> 58.620 N</u> Longitude: <u>90° 51' <del>02"</del> 01.440 W</u>
Mailing Address: <u>PO Box 458</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Rolling Fork Ms. 39159</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>NENE</u> 1/4 Sec <u>18</u> Twn <u>12N</u> Rng <u>6W</u>
Telephone No: <u>662-907-7103</u>	Distance Direction Nearest Town <u>1.1</u> Miles <u>EAST</u> of <u>Rolling Fork</u>

**Well Data**

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

Date well drilling started: 7-28-05 Date well drilling completed: 7-28-05

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

Static Water Level: 28 feet above or below (circle one) land surface Date measured: 7-28-05

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

Hole depth: 123 Well depth: 120 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: ~~90~~ 85 total feet Casing diameter: 16 inches Type of casing: PVC

Screen length: ~~33~~ 38 total feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 68 feet to 76 feet then 76-81

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): \_\_\_\_\_

casings  
 0-68  
 106-123  
 screens  
 68-76  
 76-81  
 81-106  
 different  
 slot sizes  
 (see  
 formation  
 data next  
 page)

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.

JAMES McDONALD #332 James McDonald  
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

RECEIVED  
 AUG 18 2005  
 BY: OLWR





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 #: F-32

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		Well Location	
Owner Name: <u>CARTER BROS. PLANTATION</u>	Latitude: <u>32-52-977<sup>N</sup></u>	Longitude: <u>09-51-024<sup>W</sup></u>	
Mailing Address: <u>PO Box 458</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS		
<u>Rolling Fork, MS. 39159</u>	<u>NE 1/4</u>	<u>NE 1/4</u>	Sec <u>18</u> Twn <u>12<sup>N</sup></u> Rng <u>6<sup>W</sup></u>
City State Zip Code	Distance	Direction	Nearest Town
Telephone No. <u>662 907-7103</u>	<u>1.1</u> Miles	<u>EAST</u> of	<u>Rolling Fork</u>

Pump Type Circle one			Power Type Circle one		
Air Lift	Jet	Submersible	<u>Diesel Engine</u>	Gasoline Engine	Natural Gas
Bucket	Piston	<u>Turbine</u>	Electric Motor	Hand	Tractor PTO
Centrifugal	Rotary	Flowing Well	Windmill	Other (specify): _____	
Other (specify): _____			Horse Power Rating of Motor: <u>60</u>		
Date Pump Installed: <u>2-29-05</u>			Setting Depth: <u>60</u> feet		
Rated Pump Capacity: <u>3000</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
Static Water Level (A): _____ Feet Below Land Surface		Steel Tape	
Pumping Water Level (B): <u>NO TEST</u> Feet Below Land Surface		Other (specify): _____	
Drawdown [(B) - (A)]: <u>2m</u> Feet Below Land Surface		For flowing well, measured shut in head: _____ feet	
Test Pumping Rate: _____ Gallons Per Minute		Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping	
Duration of Pump Test (minimum 4 hours): _____ hours			

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

GLEN ROWE #710P \_\_\_\_\_  
Print Name of Pump Installer and License No. (if applicable)

[Signature] \_\_\_\_\_  
Signature of Pump Installer

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AUG 18 2005  
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