

# 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: F 50  
 Well #: \_\_\_\_\_  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

County: Sharkey  
 Permit #: GW-44812 ✓  
 Driller: J. NEWCOME 0.773  
 Date drilling completed: 5-27-2011

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>32.53.22</u> Longitude: <u>90.50.00</u>
Mailing Address: <u>5415 Sandy Bayou Rd.</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS ✓
<u>Rolling Fork</u> MS <u>39159</u>	<u>NW 1/4 NE 1/4</u> Sec <u>17</u> ✓ Twn <u>12N</u> Rng <u>6W</u> ✓
City State Zip Code	SW Distance Direction Nearest Town <u>2.5</u> Miles <u>SE</u> of <u>ROLLING FORK</u>
Telephone No. ( ) _____	

**Well Data**

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

Date well drilling started: 5-27-2011 Date well drilling completed: 5-27-2011

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: \_\_\_\_\_

Hole 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: 10 inches Type of casing: P.V.C.

Screen length: 40 feet Screen diameter: 10 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.

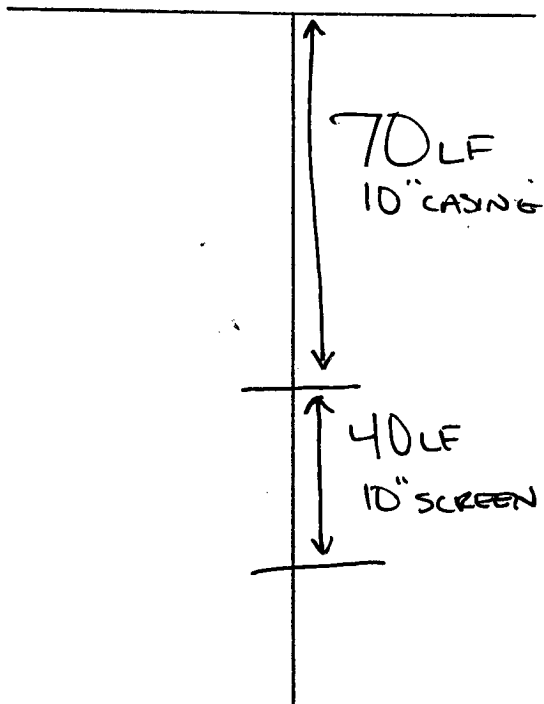
[Signature]  
 Signature of Water Well Contractor

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 BUREAU

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If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
TOP SOIL	0	10
CLAY	10	40
MIX CLAY / SAND STRIPS	40	50
MED SAND	50	70
COARSE SAND / PEBBLES	70	110
BOTTOM	110	112

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.

SEE MAP

Landowner Name: \_\_\_\_\_

*[Handwritten Signature]*  
 \_\_\_\_\_  
 Signature of Water Well Contractor

# 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)

County: Gharkey  
 Permit #: GW-44812  
 Driller: J. Newcome 0-773  
 Date completed: 5-27-2011  
Copy information from block on Part 1

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: F50  
 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 at the above address within 30 days of well completion.*

Well Owner Information	Well Location
Owner Name: <u>Gandy Bayou Farms</u>	Latitude: <u>32° 53' 22"</u> Longitude: <u>90° 50' 06"</u>
Mailing Address: <u>5415 Gandy Bayou Rd.</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Rolling Fork MS 39159</u>	USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____
City State Zip Code	<u>NW</u> ¼ <u>NE</u> ¼ Sec <u>17</u> T <u>12N</u> R <u>6W</u>
Telephone No. ( ) _____	Distance Direction Nearest Town <u>2.5</u> Miles <u>SE</u> of <u>Rolling Fork</u>

Pump Type	Power Type
Circle one	Circle one
Air Lift <input type="checkbox"/> Jet <input type="checkbox"/> <b>Submersible</b> <input checked="" type="checkbox"/>	Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/>
Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	<b>Electric Motor</b> <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill <input type="checkbox"/> Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>10</u>
Date Pump Installed: <u>5/28/11</u>	Setting Depth: <u>70</u> feet
Rated Pump Capacity: <u>1000</u> Gallons Per Minute	Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level
Date Well Tested: _____	Circle one
Static Water Level (A): _____ Feet Below Land Surface	Air Line <input type="checkbox"/> Electric Measuring Line <input type="checkbox"/> Steel Tape <input type="checkbox"/>
Pumping Water Level (B): _____ Feet Below Land Surface	Other (specify): _____
Drawdown [(B) - (A)]: _____ 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	

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.

Cory Rowe 0-711P C Rowe  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer