

WY 2.0404

# 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 #: G-155  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: SHARKEY  
Permit #: 0042848  
Driller: J. NEWCOME 0-773  
Date drilling completed: 8-22-08

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>CARY ASSOCIATES</u>	Latitude: <u>32° 50' 07"</u> Longitude: <u>90° 57' 14"</u>
Mailing Address: <u>c/o CHARLES WEISINGER</u> <u>PO Box 187</u> <u>ROLLING FORD, MS. 39159</u> City State Zip Code	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad: <u>Hand-held GPS</u> Survey-grade GPS
Telephone No: <u>(662) 899-1602</u> <u>873-6258</u>	SE 1/4 NW 1/4 Sec. <u>8</u> Twn <u>11N</u> Rng <u>7W</u> NW NE Direction <u>NW</u> of <u>CARY</u> Distance <u>1.5</u> Miles

### Well Data

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

Date well drilling started: 8-22-08 Date well drilling completed: 8-22-08

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: 139 Well depth: 135 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 103 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 32 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 95-112 feet to 120-135 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

**RECEIVED**

SEP 23 2008

YMD JOINT WATER MANAGEMENT DISTRICT

42848

WYZINGER

# 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 #: G-155  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: SHARKEY  
Permit #: OLW42848  
Driller: J. NEWCOME 0-773  
Date drilling completed: 8-22-08

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>Cary ASSOCIATES</u>	Latitude: <u>32° 50' 07"</u> Longitude: <u>90° 57' 14"</u>
Mailing Address: <u>c/o CHARLES WEIZINGER</u> <u>PO Box 187</u> <u>ROLLING FORD, MS. 39159</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE</u> ¼ <u>NW</u> ¼ Sec. <u>8</u> Twn <u>11N</u> Rng <u>7W</u>
Telephone No: <u>662 899-1002</u>	Distance: <u>1.5</u> Miles Direction: <u>NW</u> of Nearest Town: <u>CARY</u>

### Well Data

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

Date well drilling started: 8-22-08 Date well drilling completed: 8-22-08

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: 139 Well depth: 135 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 103 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 32 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: 0.050 inches Setting depth: From 95-112 feet to 120-135 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

[Signature]

Print Name of Water Well Contractor and License No.

Signature of Water Well Contractor

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SEP 22 2008  
BY: OLWR



# 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 #: 6W42848  
 Driller: J. Newcome 0-773  
 Date completed: 8-22-08

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: G-155  
 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>Cary Associates</u>	Latitude: <u>32-50-07</u> Longitude: <u>90-57-14</u>
Mailing Address: <u>c/o Charles Wells: 1827</u> <u>Po Box 187</u> <u>Rolling Fork, MS. 39159</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE</u> 1/4 <u>NW</u> 1/4 Sec. <u>8</u> Twn. <u>11N</u> Rng. <u>7W</u>
Telephone No.: <u>662-899-1602</u>	Distance _____ Direction _____ Nearest Town _____ <u>1.5</u> Miles <u>NW</u> of <u>Cary</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>600</u>
Date Pump Installed: <u>8-25-08</u>	Setting Depth: <u>70</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 _____ Steel Tape _____
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>NOT TESTED</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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

GLEN ROUSE 710-8 \_\_\_\_\_  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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 SEP 22 2008  
 BY: OLWR