

# 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 #: GW42371  
Irrigation Equipment  
Driller: \_\_\_\_\_  
Date drilling completed: 3-14-08

For Office Use Only:  
Aquifer: \_\_\_\_\_  
Well #: J-80  
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>Onward Plantation</u>	Latitude: <u>32° 44' 33.7"</u> Longitude: <u>90° 56' 20.1"</u>
Mailing Address: <u>c/o Fred Miller</u>	Method of Lat/Long (circle one): <u>34</u> Conventional Survey, <u>20</u>
<u>P.O. Box 24</u>	USGS quad, Hand-held GPS, Survey-grade GPS
<u>Anguilla Ms. 38721</u>	<u>SW 1/4 NE 1/4 Sec 5 Twn 10N Rng 7W</u>
City: _____ State: _____ Zip Code: _____	Distance: _____ Direction: _____ Nearest Town: _____
Telephone No. <u>(662) 873-4346</u>	<u>1</u> Miles <u>N</u> of <u>Onward</u>

Well Data

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

Date well drilling started: 3-13-08 Date well drilling completed: 3-13-08

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

Static Water Level: 18 feet above or below (circle one) land surface Date measured: 3-14-08

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

Hole depth: 126 Well depth: 126 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 86 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 87 feet to 126 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

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MAR 19 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 #: 06042371  
 Irrigation Equipment  
 Driller: \_\_\_\_\_  
 Date completed: 3-14-08

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: J-80  
 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.

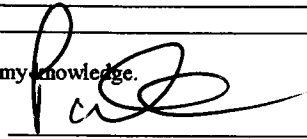
Well Owner Information	Well Location
Owner Name: <u>Onward Plantation</u> Mailing Address: <u>c/o Fred Miller</u> <u>P.O. Box 24</u> <u>Anguilla Ms. 38721</u> <small>City State Zip Code</small> Telephone No. <u>662 873-4346</u>	Latitude: _____ Longitude: _____ Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SW 1/4 NE 1/4 Sec 5 Twn 10N Rng 7W</u> Distance Direction Nearest Town <u>1 Miles N of Onward</u>

Pump Type Circle one	Power Type Circle one
Air Lift            Jet            Submersible Bucket            Piston <u>Turbine</u> Centrifugal        Rotary            Flowing Well Other (specify): _____ Date Pump Installed: <u>3-14-08</u> Rated Pump Capacity: <u>2800±</u> Gallons Per Minute	<u>Diesel Engine</u> Gasoline Engine            Natural Gas Electric Motor            Hand            Tractor PTO Windmill            Other (specify): _____ Horse Power Rating of Motor: <u>60</u> Setting Depth: <u>70</u> feet Number of Stages: <u>1</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____ Static Water Level (A): _____ Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute Duration of Pump Test (minimum 4 hours): _____ hours	Air Line            Electric Measuring Line            Steel Tape Other (specify): _____ For flowing well, measured shut in head: _____ feet Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

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

**RECEIVED**  
 MAR 19 2008  
 BY: OLWR